

**Streamlined Annual
PHA Plan
(HCV Only PHAs)**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
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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, 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-HCV is to be completed annually by **HCV-Only PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, High Performer PHA, Small PHA, or Qualified PHA do not need to submit this form. Where applicable, separate Annual PHA Plan forms are available for each of these types of PHAs.

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 both 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 and 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.

A. PHA Information.				
A.1 PHA Name: <u>Faribault County HRA</u> PHA Code: <u>MN200</u> PHA Plan for Fiscal Year Beginning: <u>01/01/2021</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Housing Choice Vouchers (HCVs) <u>93</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission				
Availability of Information. 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 the main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website.				
<input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below)				
Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program
Lead HA:				

B.	Annual Plan.
B.1	<p>Revision of PHA Plan Elements.</p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last Annual Plan submission?</p> <p>Y N</p> <p><input type="checkbox"/> X Housing Needs and Strategy for Addressing Housing Needs.</p> <p><input type="checkbox"/> X Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> X Financial Resources.</p> <p><input type="checkbox"/> X Rent Determination.</p> <p><input type="checkbox"/> X Operation and Management.</p> <p><input type="checkbox"/> X Informal Review and Hearing Procedures.</p> <p><input type="checkbox"/> X Homeownership Programs.</p> <p><input type="checkbox"/> X Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.</p> <p><input type="checkbox"/> X Substantial Deviation.</p> <p><input type="checkbox"/> X Significant Amendment/Modification.</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element(s):</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 Project Based Vouchers.</p> <p>(b) If this activity is planned for the current Fiscal Year, describe the activities. Provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.</p>
B.3	<p>Most Recent Fiscal Year Audit.</p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N N/A</p> <p><input type="checkbox"/> X <input type="checkbox"/></p> <p>(b) If yes, please describe:</p>
B.4	<p>Civil Rights Certification</p> <p><i>Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations, must be submitted by the PHA as an electronic attachment to the PHA Plan.</i></p>
B.5	<p>Certification by State or Local Officials.</p> <p><i>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.</i></p>
B.6	<p>Progress Report.</p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in its 5-Year PHA Plan.</p> <p>*As outlined in our goals and objectives we have attained a "high performer" status since the last 5 Year Plan/Annual Plan has been submitted.</p> <p>*Our payment standard has increased to accommodate utilization and we continue to utilize either 95% of our annual budget allocation or 95% of the unit allocation.</p> <p>(b) Significant amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment: and "substantial deviation/modification"</p> <p>*Significant Amendment is defined as: A change in PHA Plans or policies that require formal approval by the Board of Commissioners. Payment standards have been reduced.</p> <p>*Substantial Deviation/Modification is defined as: a deviation or modification in the delivery of services as outlined in the Goals and Objectives of 5.2 and the accomplishment of the Mission Statement as defined in 5.1 that would affect participants on the program or have a significant impact to the PHA's financial situation. Cost saving measures and the waiver for the reduced payment standards have been implemented in the past.</p>

B.7 Resident Advisory Board (RAB) Comments.

(a) Did the RAB(s) provide comments to the PHA Plan?

Y N
 X

(a) 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.

Exhibit A (2021 Ann Plan Update)

Housing Needs of Families on the Faribault County Waiting List

of Fami % of total Fam Turnover

Waiting list total	36		3-6 mons
Extremely Low	28	78	
Very Low Income	7	19	
Low Income	1	3	
Families w/Children	9	25	
Elderly Families	8	33	
Families w/Disabilities	13	36	
Race/ethnicity(Caucasian)	34	94	
Race/ethnicity(Black)	1	3	
Race/ethnicity(Hispanic)	1	3	
Characteristics by Bed Size			
1Br	28	77	
2Br	5	14	
3Br	2	5	
4Br	1	4	