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| Annual PHA Plan <i>(Standard PHAs and Troubled PHAs)</i> | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 09/30/2027 |
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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, including changes to these policies, 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. 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.

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 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, 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 housing choice vouchers combined and is not PHAS or SEMAP troubled.

| A. | PHA Information. | | | | | | | | | | | | | | | | | | |
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| A.1 | <p>PHA Name: <u>Huron Metropolitan Housing Authority</u> PHA Code: <u>OH030</u> PHA Type: <input checked="" type="checkbox"/> Standard PHA <input type="checkbox"/> Troubled PHA</p> <p>PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>07/2025</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Public Housing (PH) Units <u>0</u> Number of Housing Choice Vouchers (HCVs) <u>0</u> Total Combined Units/Vouchers <u>0</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p>Availability of Information. 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. PHAs are strongly encouraged to post complete PHA Plans on their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p>How the public can access this PHA Plan: The Huron MHA Annual Plan is available for review at the Huron Metropolitan Housing Authority administrative office located at 17 Mill Street, Norwalk, OH 44857.</p> <p><input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1" data-bbox="151 766 1554 825"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) in the Consortia</th> <th rowspan="2">Program(s) not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | | | Participating PHAs | PHA Code | Program(s) in the Consortia | Program(s) not in the Consortia | No. of Units in Each Program | | PH | HCV | | | | | | |
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| B. | Plan Elements |
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| B.1 | <p>Revision of Existing PHA Plan Elements. (a) Have the following PHA Plan elements been revised by the PHA? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions. <input checked="" type="checkbox"/> Financial Resources. <input checked="" type="checkbox"/> Rent Determination. <input checked="" type="checkbox"/> Operation and Management. <input checked="" type="checkbox"/> Grievance Procedures. <input checked="" type="checkbox"/> Homeownership Programs. <input checked="" type="checkbox"/> Community Service and Self-Sufficiency Programs. <input checked="" type="checkbox"/> Safety and Crime Prevention. <input checked="" type="checkbox"/> Pet Policy. <input checked="" type="checkbox"/> Asset Management. <input checked="" type="checkbox"/> Substantial Deviation. <input checked="" type="checkbox"/> Significant Amendment/Modification <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. (a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods. <input checked="" type="checkbox"/> Mixed Finance Modernization or Development. <input checked="" type="checkbox"/> Demolition and/or Disposition. <input checked="" type="checkbox"/> Designated Housing for Elderly and/or Disabled Families. <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance. <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Rental Assistance or Project-Based Vouchers under RAD. <input checked="" type="checkbox"/> Occupancy by Over-Income Families. <input checked="" type="checkbox"/> Occupancy by Police Officers. <input checked="" type="checkbox"/> Non-Smoking Policies. <input checked="" type="checkbox"/> Project-Based Vouchers. <input checked="" type="checkbox"/> Units with Approved Vacancies for Modernization. <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants). <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> |
| B.3 | <p>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. HMHA plans to review an update the HCV Administrative Plan as needed during the planning period. Copies of the 5 year Plan are available at the HMHA office located at 17 Mill St, Norwalk OH 44857. 1 Eligibility, Selection and admission policies, including Wait list procedures. These are explained in the Section 8 Administration Plan, 2 Financial Resources - The Annual Audit and Budget contain this information. 3. Rent determinations- The Section 8 Admin Plan. 4. Operation and Management Policies at the HMHA office upon request. 5. Grievance Procedures - These are described in the Section 8 Administration Plan. 6. Designated Housing for Elderly and Disabled Families - Not Applicable 9. Pet Policy - Not applicable 10. Civil Rights Certification - The Certification and information are available at the HMHA office. 11. Fiscal Year Audit - Copies can be obtained at the HMHA office. 12. Asset Management - Not Applicable</p> |
| B.4 | <p>Capital Improvements. Include a reference here to the most recent HUD-approved 5-Year Action Plan in EPIC and the date that it was approved. This is Not Applicable</p> |
| B.5 | <p>Most Recent Fiscal Year Audit. (a) Were there any findings in the most recent FY Audit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>(b) If yes, please describe: Note - All findings were corrected before the completion of the audit. Noncompliance and Material Weakness 2 CFR §2400.101 gives regulatory effect to the Department of Housing and Urban Development for 2 CFR §200.303 which requires that non-Federal entities receiving Federal awards (i.e., audit management) establish and maintain effective internal control designed to reasonably ensure compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. 24 CFR § 982.156 states in part that all program receipts must be promptly deposited with a financial institution selected as depository by the Authority in accordance with HUD requirements. It further states that the Authority must enter into an agreement with the depository in the form required by HUD. The agreement serves as a safeguard for federal funds and provide third party rights to HUD. Due to deficiencies in the Authority's compliance with depository agreements, the Authority did not have a signed depository agreement with Park National Bank on the form required by HUD. Failure to use the HUD required form to enter into a depository agreement with Park National Bank can lead to noncompliance with program requirements and mishandling of federal funds. To prevent noncompliance and mishandling of federal funds, the Authority should enter into a depository agreement with Park National Bank using the form prescribed by HUD. Officials' Response: See Corrective Action Plan CORRECTIVE ACTION PLAN 2 CFR § 200.511(c) JUNE 30, 2024 Finding Number: 2024-001 Planned Corrective Action: Depository Agreements have been completed effective July 2024. Anticipated Completion Date: July 2024 Responsible Contact Person: Jessica Hunter, Executive Director</p> |
| <p>C. Other Document and/or Certification Requirements.</p> | |
| C.1 | <p>Resident Advisory Board (RAB) Comments. (a) Did the RAB(s) have comments to the PHA Plan? Y <input type="checkbox"/> N <input checked="" 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>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.</p> |
| C.3 | <p>Civil Rights Certification/ Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan. Form HUD-50077-ST-HCV-HP, PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> |
| C.4 | <p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>If yes, include Challenged Elements.</p> |
| C.5 | <p>Troubled PHA. (a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p> |
| <p>D. Affirmatively Furthering Fair Housing (AFFH).</p> | |
| D.1 | <p>Affirmatively Furthering Fair Housing (AFFH). Provide a statement of the PHA's strategies and actions to achieve fair housing goals outlined in an accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5). Use the chart provided below. (PHAs should add as many goals as necessary to overcome fair housing issues and contributing factors.) Until such time as the PHA is required to submit an AFH, the PHA is not obligated to complete this chart. The PHA will fulfill, nevertheless, the requirements at 24 CFR § 903.7(o) enacted prior to August 17, 2015. See Instructions for further detail on completing this item.</p> |

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced the 5-Year and Annual PHA Plan.

Public reporting burden for this information collection is estimated to average 7.52 hours 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. 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 Act 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.

Form identification: OH030-Huron Metropolitan Housing Authority Form HUD-50075-ST (Form ID - 4900)