

<b>Streamlined Annual PHA Plan</b> <i>(HCV Only PHAs)</i>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 02/29/2016
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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.

<b>A.</b>	<b>PHA Information.</b>																																						
A.1	<p> <b>PHA Name:</b> Vacaville Housing Authority    <b>PHA Code:</b> CA125  <b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): 07/2021  <b>PHA Inventory</b> (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)  <b>Number of Housing Choice Vouchers (HCVs)</b> 1335  <b>PHA Plan Submission Type:</b> <input checked="" type="checkbox"/> Annual Submission                      <input type="checkbox"/> Revised Annual Submission                 </p> <p> <b>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. 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.                 </p> <p> <i>A copy of the VHA plan is available to the public at the Vacaville Housing Authority, 40 Eldridge Avenue, Suite 2, Vacaville, CA 95688, Monday through Friday 8:00 a.m. to 5:30 p.m. excluding holidays and is also available on the website at <a href="http://www.cityofvacaville.com">www.cityofvacaville.com</a> or by calling the Housing Authority office at (707) 449-5675..</i> </p> <p> <input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a joint Plan and complete table below) <i>Not applicable; the VHA is not part of a Consortia.</i> </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Participating PHAs</th> <th style="width: 15%;">PHA Code</th> <th style="width: 25%;">Program(s) in the Consortia</th> <th style="width: 20%;">Program(s) not in the Consortia</th> <th style="width: 15%;">No. of Units in Each Program</th> </tr> </thead> <tbody> <tr> <td>Lead HA:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <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	Lead HA:																													
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<b>B.</b>	<b>Annual Plan.</b>
<b>B.1</b>	<p><b>Revision of PHA Plan Elements.</b></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"/> <input checked="" type="checkbox"/> Housing Needs and Strategy for Addressing Housing Needs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Informal Review and Hearing Procedures.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification.</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element(s):</p> <ol style="list-style-type: none"> <li>1. <i>Operation and Management: Effective 07/01/2020, the VHA was awarded 6 Mainstream Vouchers under the CARES Act.</i></li> <li>2. <i>Operation and Management: Effective 02/01/2021, the VHA was awarded 75 Mainstream Vouchers.</i></li> <li>3. <i>Operation and Management: Effective 02/01/2021, the VHA was awarded 15 VASH Vouchers.</i></li> </ol>
<b>B.2</b>	<p><b>New Activities</b></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"/> <input checked="" type="checkbox"/> 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. <i>Not applicable; the VHA will not undertake new Project Based Voucher activities.</i></p>
<b>B.3</b>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N N/A</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe: <i>Not applicable; the VHA did not have any audit findings in the most recent FY Audit.</i></p>
<b>B.4</b>	<p><b>Civil Rights Certification</b></p> <p><a href="#">Form HUD-50077</a>, <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><i>Form HUD-50077 attached.</i></p>
<b>B.5</b>	<p><b>Certification by State or Local Officials.</b></p> <p><a href="#">Form HUD 50077-SL</a>, <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> <p><i>Form HUD-50077-SL attached.</i></p>

**B.6 Progress Report.**

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

*Goal 1: Expand and increase the supply of assisted housing choices:*

- *Applied for and was awarded 15 Veterans Affairs Supportive Housing Vouchers.*
- *Applied for and was awarded 75 Mainstream Vouchers.*
- *Reviewed and increased payment standards to ensure families have a reasonable selection of housing in a range of neighborhoods, allowing families to rent units in more desirable areas.*
- *Continued to administer the Section 8 Homeownership Program that was implemented in 2003.*
- *Landlord Liaison continued to conduct outreach to maintain current landlords and successfully recruit new ones.*

*Goal 2: Improve the quality of assisted housing and customer service:*

- *Continued reviewing and updating current procedures and implementing improvements to the participant file process.*
- *Provided on-going trainings/guidance to staff on HUD regulation updates, program guidelines, rules and procedures.*
- *Continued to streamline administrative processes to make forms easier to complete as well as posting forms and program information on the VHA website.*

*Goal 3: Provide an improved living environment*

- *Continued to conduct outreach to build relationships with owners, affordable housing resource agencies, neighborhood centers and social services agencies whose mission is to improve neighborhoods, provide affordable housing and provide access to social services, recreation and educational opportunities.*
- *Continued to promote and encourage families to move to higher income areas and to provide updated citywide apartment and realtor listings.*
- *Continued conducting quality control review of case files to make sure that at least 98% of HQS deficiencies are corrected timely.*

*Goal 4: Promote self-sufficiency and asset development of assisted households:*

- *Encouraged all program participants to enroll in the Family Self-Sufficiency Program without limiting the number of eligible families.*
- *Provided referrals to elderly and disabled families to organizations that provide supportive services for senior and disabled persons.*
- *Provided referrals to the Vacaville Housing Counseling Center which provides workshops and/or on-to-one training on wealth management, first-time homebuyer, and credit repair.*

*Goal 5: Ensure equal opportunity and affirmatively further fair housing:*

- *Informed participants of their Fair Housing rights and assisted with the Fair Housing complaint process upon request.*
- *Promoted Fair Housing during Fair Housing month.*
- *Assisted households with disabled household members find suitable housing and provided a listing of accessible units.*
- *Used the translating and interpreting services of The Language People agency to communicate with non-English speakers.*
- *Provided translation of vital documents in Spanish.*
- *Continued training on updated Fair Housing rules to ensure that access to assisted housing is provided regardless of race, color, religion, national origin, sex, familial status, disability, sexual orientation, gender identity, age, marital status, ancestry, source of income or arbitrary discrimination.*

**B.7 Resident Advisory Board (RAB) Comments.**

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

Y N

(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.

*Not applicable; no comments on the Annual Plan were received from the RAB.*