## Annual PHA Plan (Standard PHAs and Troubled PHAs) U.S. Department of Housing and Urban Development Office of Public and Indian Housing U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires: 02/29/2016

**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 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 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

Α.							
	PHA Information.						
A.1	PHA Plan for Fiscal Year Be PHA Inventory (Based on Ar Number of Public Housing (Units/Vouchers _24,901_PHA Plan Submission Type: Availability of Information. the specific location(s) where Plan are available for inspectic (AMP) and main office or cen are also encouraged to provide The specific location(s) where main administrative office, 52 advertisement in the Boston Grant Phase	Standard PHA Troubled PHA  scal Year Beginning: (MM/YYYY):04/2020 (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) ic Housing (PH) Units10,852 Number of Housing Choice Vouchers (HCVs)14,758Total Combined					
	THA Consorua: (Cneck t	SOX 11 SUDMITTING	A Code Program(s) in the Consortia Program(s) not in the No. of U	No. of Units i	Jnits in Each Program		
	Participating PHAs	PHA Code			PH	HCV	
	Lead PHA:						
	(AMP) and main office or cen are also encouraged to provide  The specific location(s) where main administrative office, 52 advertisement in the Boston G  PHA Consortia: (Check by Participating PHAs	tral office of the e each resident c the public may Chauncy Street lobe notifying the ox if submitting	e PHA. PHAs are strongly encourage council a copy of their PHA Plans.  obtain copies of the PHA Plan, Plans, Boston, MA 02111, www.bostonline public of the Public Hearing and g a Joint PHA Plan and complete ta	n Elements and information abo nousing.org, and resident council where to locate Plan documents ble below)  Program(s) not in the	on their official ut the public hea ls. The BHA pla s.  No. of Units i	rir	

В.	Annual Plan Elements				
B.1	Revision of PHA Plan Elements.				
	(a) Have the following PHA Plan elements been revised by the PHA?				
	Y N				
	(c) The PHA must submit its Deconcentration Policy for Field Office review. See Admissions and Continued Occupancy Policy section 1.4 for Deconcentration Policy.  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				
n 2					
В.3	Civil Rights Certification.  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.				
	See attached as part of Certifications (ma002g01).				

B.4	Most Recent Fiscal Year Audit.				
	(a) Were there any findings in the most recent FY Audit?				
	Y N ⊠ □				
	If yes, please describe: Internal Control - During the audit of the Authority's basic financial statements as of and for the year ended March 31, 2018, the Authority had a finding of material weakness in internal controls over financial reporting such that the potential exists that a material misstatement of the annual financial statements could occur. Internal controls should be in place to provide reasonable assurance that financial statements are prepared in accordance with U.S. GAAP.				
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.				
	See attached Five-Year Plan 2020-2024 (ma002h01).				
B.6	Resident Advisory Board (RAB) Comments.				
	(a) Did the RAB(s) provide comments to the PHA Plan?				
	Y N ⊠ □				
	(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. See attached Response to Comments (ma002i01).				
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.				
	See attached as part of Certifications (ma002g01).				
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  □ □ ⊠				
	(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.				
	See HUD Form-50075.2 approved by HUD on April 8, 2019. The proposed Five-Year Action Plan (FY2020-2024) was available during the Annual Plan public comment and hearing period and will be submitted for HUD approval when the ACC becomes available later this year.				