

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 Expires 03/31/2024
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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-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 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 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	<p>PHA Name: <u>Mid-Columbia Housing Authority & Columbia Gorge Housing Authority</u> PHA Code: <u>OR026 & WA013</u> PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>07/2022</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Housing Choice Vouchers (HCVs) <u>OR026-551; WA013-271</u> PHA Plan Submission Type: <input type="checkbox"/> Annual Submission <input checked="" type="checkbox"/> Revised Annual Submission</p> <p>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.</p> <p><input checked="" type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below)</p> <table border="1" data-bbox="180 1346 1469 1936"> <thead> <tr> <th>Participating PHAs</th> <th>PHA Code</th> <th>Program(s) in the Consortia</th> <th>Program(s) not in the Consortia</th> <th>No. of Units in Each Program</th> </tr> </thead> <tbody> <tr> <td>Lead HA: Mid-Columbia Housing Authority 500 E 2nd St. The Dalles, OR 97058</td> <td>OR026</td> <td>Housing Choice Vouchers Family Self-Sufficiency Mainstream Vouchers Emergency Housing Vouchers</td> <td>N/A</td> <td>HCV-551 MSV-129 EHV-19</td> </tr> <tr> <td>Columbia Gorge Housing Authority 500 E 2nd St. The Dalles, OR 97058</td> <td>WA013</td> <td>Housing Choice Vouchers Family Self-Sufficiency Mainstream Vouchers Emergency Housing Vouchers</td> <td>HOME TBRA Shelter Plus Care</td> <td>HCV-271 MCV-79 EHV-15 HOME-45 SPC-7</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: Mid-Columbia Housing Authority 500 E 2 nd St. The Dalles, OR 97058	OR026	Housing Choice Vouchers Family Self-Sufficiency Mainstream Vouchers Emergency Housing Vouchers	N/A	HCV-551 MSV-129 EHV-19	Columbia Gorge Housing Authority 500 E 2 nd St. The Dalles, OR 97058	WA013	Housing Choice Vouchers Family Self-Sufficiency Mainstream Vouchers Emergency Housing Vouchers	HOME TBRA Shelter Plus Care	HCV-271 MCV-79 EHV-15 HOME-45 SPC-7															
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B.	Plan Elements.
B.1	<p>Revision of Existing 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"/> <input checked="" type="checkbox"/> Statement of 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 checked="" type="checkbox"/> <input type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Significant Amendment/Modification.</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element(s):</p> <p>MCHA/CGHA revised the Administrative Plan to include changes to rent determinations, notice requirements, and admissions policy. The attached chart outlines the changes to the MCHA/CGHA Administrative Plan.</p>
B.2	New Activities. – Not Applicable
B.3	<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>Previously submitted 02/03/22.</p>
B.4	Capital Improvements. – Not Applicable
B.5	<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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe: MCHA and CGHA did not accurately report CARES Act funds and Housing Choice Vouchers on the Schedule of Expenditures of Federal Awards (SEFA). MCHA and CGHA were not able to clearly identify CARES Act funds from communication received from HUD. Corrections have been made to ensure that the SEFA is accurately presented. MCHA and CGHA will ensure that the SEFA is accurately presented and will verify with HUD if information for federal awards is not clear as to the source of the federal award.</p>
C.	Other Document and/or Certification Requirements.
C.1	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) have comments to the PHA Plan?</p> <p>Y N</p> <p><input type="checkbox"/> <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.</p> <p>Form HUD 50077-SL, <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>Previously submitted 02/03/22</p>

C.3	<p>Civil Rights Certification/ Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.</p> <p>Form HUD-50077-ST-HCV-HP, <i>PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p>Previously submitted 02/03/22.</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.</p> <p>(a) Did the public challenge any elements of the Plan?</p> <p style="padding-left: 20px;">Y N</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, include Challenged Elements.</p>

D.	Affirmatively Furthering Fair Housing (AFFH).
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D.1	<p>Affirmatively Furthering Fair Housing (AFFH).</p> <p>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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Fair Housing Goal:</td> </tr> <tr> <td style="padding: 5px;"><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></td> </tr> <tr> <td style="padding: 5px;">N/A</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Fair Housing Goal:</td> </tr> <tr> <td style="padding: 5px;"><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></td> </tr> <tr> <td style="padding: 5px;">N/A</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Fair Housing Goal:</td> </tr> </table>	Fair Housing Goal:	<u><i>Describe fair housing strategies and actions to achieve the goal</i></u>	N/A	Fair Housing Goal:	<u><i>Describe fair housing strategies and actions to achieve the goal</i></u>	N/A	Fair Housing Goal:
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**Mid-Columbia Housing Authority
Columbia Gorge Housing Authority
HCV Administrative Plan Updates/Changes**

CURRENT POLICY	PROPOSED CHANGE
<ul style="list-style-type: none"> • Notice requirements throughout Administrative Plan: varies - 5-15 business days or days 	<ul style="list-style-type: none"> • Change all notice requirements to 10 business days
<ul style="list-style-type: none"> • Section 2.3 (G): If the Housing Authority has given approval, a foster child/foster adult or a live-in aide may reside in the unit. The Housing Authority has the discretion to adopt reasonable policies concerning residence by a foster child/foster adult or a live-in aide and defining when the Housing Authority consent may be given or denied. 	<ul style="list-style-type: none"> • Section 3-I.M: A family’s request for a live-in aide must be made in writing. Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or case worker, that the live-in aide is essential for the care and well-being of the elderly, near-elderly, or disabled family member. For continued approval, the family must submit a new, written request-subject to MCHA verification-at each annual reexamination. <p>In addition, the family and live-in aide will be required to submit a certification stating that the live-in aide is (1) not obligated for the support of the person(s) needing the care, and (2) would not be living in the unit except to provide the necessary supportive services.</p>
<ul style="list-style-type: none"> • Section 3.2 (G): The Housing Authority determines eligibility for participation and will also conduct criminal background checks on adult household members, including live-in aides who have indicated they have had previous criminal charges. 	<ul style="list-style-type: none"> • Section 3-III.D.: MCHA will perform a criminal background check through law enforcement for every adult household member.
<ul style="list-style-type: none"> • No mention of criteria for closing the waiting list 	<ul style="list-style-type: none"> • Section 4-II.C.: MCHA will close the waiting lists when the estimated waiting period for housing assistance for applicants on the list reaches 24 months for the most current applicants.

<ul style="list-style-type: none"> Section 5.2(e): Set aside preference: Those enrolled in self-sufficiency program. Ten (10) applicants per year will be given preference for Section 8 assistance if they are enrolled in or have completed a comprehensive program that will lead to independence and self-sufficiency. A signed action plan must be included. 	<ul style="list-style-type: none"> Section 4-III.C.: Set aside preferences: Remove self-sufficiency preference Add: Homeless: Twelve (12) applicants per year who are homeless as defined as one of the following: <ul style="list-style-type: none"> An individual or household who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> Has a primary residence that is a public or private place not meant for human habitation, including a car, park, abandoned building, bus or train station, airport, or camping ground; Is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and/or local government programs); or Is exiting an institution where he/she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution Was formally homeless and is now receiving short-term rapid re-housing rental assistance through a program funded by the Emergency Solutions Grant (ESG) or Supportive Services for Veterans and Families (SSVF), or who has been unable to secure permanent housing since an episode of homelessness as defined above. <p>OR</p> <ul style="list-style-type: none"> Any individual or family who: <ul style="list-style-type: none"> Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; and Has no other residence; and Lacks the resources or support networks, e.g. family, friends, and faith-based or other social networks, to obtain permanent housing.
<ul style="list-style-type: none"> No mention of remote briefings. 	<ul style="list-style-type: none"> Section 5-I.B.: Remote Briefings: MCHA has the sole discretion to require that briefings be conducted remotely in case of local, state, or national physical distancing

	<p>orders, and in cases of inclement weather or natural disaster. If MCHA schedules a remote briefing, MCHA will conduct a face-to-face briefing upon request of the applicant as a reasonable accommodation for a person with a disability if safety and health concerns can be reasonably addressed.</p> <p>In addition, MCHA will conduct a briefing remotely upon request of the applicant as a reasonable accommodation for a person with a disability, if an applicant does not have child care or transportation that would enable them to attend the briefing, or if the applicant believes an in-person briefing would create an undue health risk. MCHA will consider other reasonable requests for a remote briefing on a case-by-case basis.</p>												
<ul style="list-style-type: none"> MCHA required 5 persons in the household in order to be issued a 3-bedroom voucher. 	<ul style="list-style-type: none"> Section 5-II.B: MCHA will reference the following chart in determining the appropriate voucher size for a family: <table data-bbox="869 667 1696 902"> <thead> <tr> <th>Voucher Size</th> <th>Persons in Household (Minimum-Maximum)</th> </tr> </thead> <tbody> <tr> <td>1 bedroom</td> <td>1-4</td> </tr> <tr> <td>2 bedroom</td> <td>2-6</td> </tr> <tr> <td>3 bedroom</td> <td>4-8</td> </tr> <tr> <td>4 bedroom</td> <td>7-10</td> </tr> <tr> <td>5 bedroom</td> <td>9-12</td> </tr> </tbody> </table>	Voucher Size	Persons in Household (Minimum-Maximum)	1 bedroom	1-4	2 bedroom	2-6	3 bedroom	4-8	4 bedroom	7-10	5 bedroom	9-12
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1 bedroom	1-4												
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<ul style="list-style-type: none"> Minimum rent is \$50. 	<ul style="list-style-type: none"> Section 6-III.A.: The minimum rent for this locality is \$0. 												
<ul style="list-style-type: none"> Value of assets and asset income is verified initially and annually. 	<ul style="list-style-type: none"> Section 7-I.D. – Value of Assets and Asset Income: MCHA will use third-party documentation for assets as part of the intake process, whenever a family member is added to verify the individual’s assets, and every three years thereafter. 												
<ul style="list-style-type: none"> Payment on a new unit may not start until after the final payment has been made on the old unit. No “double payments” may be made for the same household. 	<ul style="list-style-type: none"> Section 10-I.C. – Housing Assistance Payments: If a participant family moves from an assisted unit with continued tenant-based assistance, the term of the assisted lease for the new assisted unit may begin during the month the family moves out of the first assisted unit. Overlap of the last housing assistance payment (for the month when the family moves out of the old unit) and the first assistance payment for the new unit, is not considered to constitute a duplicative housing subsidy. 												

<ul style="list-style-type: none">• Section 21.4 (D)(2): If it is determined that there may not be sufficient funding to continue housing assistance payments for all contract units and for the full term of the HAP contract, the Housing Authority may terminate the HAP contract by notice to the owner for all or any of the contract units. Such action by the Housing Authority will be implemented in accordance with HUD instructions.	<ul style="list-style-type: none">• Section 12-I.E. – Mandatory Policies and Other Authorized Terminations: If MCHA must terminate HAP contracts due to insufficient funding, MCHA will do so in accordance with the following criteria and instructions:<ul style="list-style-type: none">○ Families comprising the required number of special purpose vouchers, including Mainstream Vouchers (MSV) and Emergency Housing Vouchers (EHV) will be the last to be terminated.○ MCHA selection criteria for termination will not apply to elderly or disabled households. For the remaining population, MCHA will use a lottery system to randomly select families for termination. These families will be terminated from the voucher program until HAP payments are reduced to match annual budget authority. The terminated families will be placed on a voucher waiting list which will be held open until all families have had an opportunity to be reissued a voucher as budget authority allows.
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