

OC Community Services

**ORANGE COUNTY HOUSING AUTHORITY**  
Housing Choice Voucher Program

**PHA ANNUAL PLAN**  
**FY 2011-2012**

Karen Roper, OCHA Executive Director  
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Marie Vu, OCHA Special Housing Programs Section

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Orange County Housing Authority</u> PHA Code: <u>CAO94</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>NA</u> Number of HCV units: <u>9660</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
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<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. <u>NA</u>																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <p style="text-align: center;"><u>NA</u> To be completed only at 5-Year update.</p>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <p style="text-align: center;"><u>NA</u> To be completed only at 5-Year update.</p>																										
<b>6.0</b>	<b>PHA Plan Update</b> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> <li>OCHA has not revised any of the PHA Plan elements since its last Annual Plan submission. The amounts included in the "The Statement of Financial Resources" have been updated as follow:</li> </ul> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>Statement of Financial Resources</b></p> <p style="text-align: center;"><i>The financial resources anticipated to be available in 2011 for OCHA to administer HUD's tenant-based rental assistance program: .</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Funding Source</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Purpose</th> </tr> </thead> <tbody> <tr> <td>Annual Contributions for HCV Program</td> <td>\$ 108,228,210</td> <td>Rental assistance for low-income families.</td> </tr> <tr> <td>FSS Coordinators</td> <td>\$ 209,128</td> <td>Coordination of program supportive services.</td> </tr> <tr> <td>Rental Assistance Non-Elderly Disabled</td> <td>\$ 459,792</td> <td>Assistance for NED to move from nursing care facilities to community and receive services.</td> </tr> <tr> <td>Veterans Affairs Supportive Housing</td> <td>\$ 1,692,423</td> <td>Rental assistance for homeless veterans</td> </tr> </tbody> </table> </div> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.</p> <p><b>Address:</b> 1770 North Broadway Santa Ana, CA. 92706</p> <p><b>OCHA website:</b> <a href="http://www.ochousing.org">www.ochousing.org</a></p>	Funding Source	Amount	Purpose	Annual Contributions for HCV Program	\$ 108,228,210	Rental assistance for low-income families.	FSS Coordinators	\$ 209,128	Coordination of program supportive services.	Rental Assistance Non-Elderly Disabled	\$ 459,792	Assistance for NED to move from nursing care facilities to community and receive services.	Veterans Affairs Supportive Housing	\$ 1,692,423	Rental assistance for homeless veterans											
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<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <u>NA</u> (public housing)																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. <u>NA</u> (public housing)																										

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. NA (public housing)
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. NA (public housing)
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. NA (public housing)
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. NA (High Performing PHAs complete only for Annual Plan submitted with the 5-Year Plan).

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. NA (High Performing PHAs complete only for Annual Plan submitted with the 5-Year Plan).
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan. NA (High Performing PHAs complete only for Annual Plan submitted with the 5-Year Plan).  (b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".  • OCHA has not made any amendments or substantial deviations / modifications to the Annual PHA Plan since last Annual Plan submission.

11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, (NA) <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) NA (c) Form HUD-50071, (NA) <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, (NA) <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, (NA) <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements: There were no public comments. BOS approved Plan. (h) Form HUD-50075.1, (NA) <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, (NA) <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) (k) VAWA: OCHA Goals & Objectives, OCHA Policy (l) OCHA Definition of "Significant Amendments" or "Substantial Modifications" to OCHA Annual PHA Plan
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