

1.0	PHA Information PHA Name: <u>Ark-Tex Council of Governments</u> PHA Code: <u>Tx 499</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>Oct 2015</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ Number of HCV units: <u>1585</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:10%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. 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: <ul style="list-style-type: none"> • It is the mission of Ark-Tex Council of Governments to provide improved living conditions for low-income families, and to promote freedom of housing choice, and spatial de-concentration of low income and minority families. • To provide decent, safe and sanitary housing for eligible participants. 																										
5.2	Goals and Objectives. 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. <ul style="list-style-type: none"> • ATCOG will organize and facilitate a HQS landlord fair in an effort to attract a wider variety of landlords to participate in the Section 8 Program. • ATCOG will strive to attract families from various ethnic backgrounds by publishing waiting list notifications in Spanish as well as English. • Apply for VASH Vouchers and the Family Self-Sufficiency Grant • Strive to increase SEMAP score. • Increase customer service to tenants and landlords. 																										
6.0	PHA Plan Update: <ul style="list-style-type: none"> • Updated time limit for submission of required information, i.e., familial status, eviction, and/or employment, etc. • Annual re-examinations will be done by mail submission every year; office appointment every other year. • Updated waiting list processes to a lottery-style selection process from online submission. <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Copies of the current Administrative Plan are available for review at: Ark-Tex Council of Governments 4808 Elizabeth St. Texarkana, Tx. 75503 www.atcog.org</p>																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. 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.
8.2	Capital Fund Program Five-Year Action Plan. 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.
8.3	Capital Fund Financing Program (CFFP). <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.
9.0	Housing Needs. 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. <ul style="list-style-type: none"> • ATCOG agency is in need of quality and affordable one, two, three, and four bedroom properties in our rural counties. • Elderly and disabled families housing needs are being met by Public Housing, Tax Credit developments and Rural developments.
9.1	Strategy for Addressing Housing Needs. 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. <ul style="list-style-type: none"> ▪ ATCOG has marketed for new landlords in hopes of offering suitable one, two, and three bedroom properties in our smaller rural counties. ▪ ATCOG continues to encourage families to search for properties in areas that are out of poverty and racially concentrated areas that are affordable, accessible and provide quality housing that meet the needs of the family. ▪ ATCOG housing staff will attend yearly housing trainings.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <ul style="list-style-type: none"> ▪ ATCOG will continue to market the Housing program and services to applicants and landlords. ▪ Increasing the awareness of the Section 8 program by updating the waiting list to a lottery waiting list allowing potential clients the ability to apply online has increased web activity. ▪ Recruiting new landlords by advertising in local newspaper. </p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	Required Submission for HUD Field Office Review. 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. Note: Faxed copies of these documents will not be accepted by the Field Office. <ul style="list-style-type: none"> (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, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <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 (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)