

- Financial Resources.
 Rent Determination.
 Operation and Management.
 Informal Review and Hearing Procedures.
 Homeownership Programs.
 Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.
 Substantial Deviation.
 Significant Amendment/Modification.

(b) If the PHA answered yes for any element, describe the revisions for each element(s):

B.2 New Activities.

(a) Does the PHA intend to undertake any new activities related to the following in the PHA's applicable Fiscal Year?

Y N

Project-Based Vouchers

(b) If Project-Based Voucher (PBV) activities are planned for the applicable Fiscal Year, provide the projected number of PBV units and general locations, and describe how project-basing would be consistent with the PHA Plan.

B.3 Progress Report.

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

Please see attachment.

B.4 B.4 Capital Improvements. - Not Applicable

B.5 Most Recent Fiscal Year Audit.

(a) Were there any findings in the most recent FY Audit?

Y N N/A

(b) If yes, please describe:

C. Other Document and/or Certification Requirements.

C.1 Resident Advisory Board (RAB) Comments.

(a) Did the RAB(s) have 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

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>
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>
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>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>(b) If yes, include Challenged Elements.</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced the Annual PHA Plan. The Annual PHA Plan provides 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 for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 4.52 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0226. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

Form identification: CA084-MENDOCINO COUNTY Form HUD-50075-HCV (Form ID - 8810) printed by Teresa DeSimone in HUD Secure Systems/Public Housing Portal at 05/21/2026 03:14PM EST

AGENCY PLAN PROGRESS REPORT - 2026

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

FINANCIAL

1. Continue to be financially stable even in the face of funding uncertainties.

We are financially stable right now. We are improving our monitoring and timeliness of our finances so that we can continue to improve our ability to rapidly respond to remain financially stable.

2. Maximize available rental assistance funding to help as many families as possible.

We are maximizing rental assistance. Negotiating with landlords. Not issuing new vouchers so working with the economics of what is happening right now so that we can keep as many families housed as possible.

3. Digitize Fiscal documents to improve operational efficiency.

We are continuing to do this. Accounts payable process is digitized. Payroll is now paperless. We are also working to encourage more landlords to sign up for direct deposit.

4. Reduce operational costs by identifying and eliminating non-essential expenses across departments.

Expenses are monitored closely. Digitized accounts payable system has made that a lot easier. Have not filled two waitlist and eligibility specialists since we have not had waitlists open for over a year and do not expect to open them in the short term.

HOUSING PROGRAMS

1. HCV utilization at 96% or above.

As of December 31, 2025, CDC expended **95.2%** of its total voucher funding. While utilization was slightly below the 96% goal, CDC strategically managed program resources to increase reserves and position the Authority to absorb Emergency Housing Voucher households into the

regular Housing Choice Voucher program. This transition helped prevent participating households from losing rental assistance as the Emergency Housing Voucher program sunsets, while supporting continued housing stability for vulnerable families. A near miss on the utilization target, but a strong policy win for household stability.

2. Mainstream utilization at 96% or above.

As of December 31, 2025, CDC expended 100% of its total Mainstream Voucher funding. In 2025, CDC's Mainstream Voucher Program was in a shortfall position, and HUD awarded CDC set-aside funding to cover the projected shortfall amount.

For 2026, CDC's current spending projections indicate that, if no additional Mainstream vouchers are issued, the program may end the year with approximately 16.1% of its total budget authority unspent. This represents a significant amount of funding that would not be utilized for rental assistance in the community and could place CDC in an offset position, meaning HUD may recapture or reduce future funding.

HUD is aware of CDC's current spending projections, but has advised that CDC may not issue additional Mainstream vouchers at this time. After extensive communication with HUD, staff were informed that any housing authority that was in a shortfall position in 2025 continues to be treated by HUD as being in shortfall until HUD formally determines otherwise. As a result, CDC remains restricted from issuing additional Mainstream vouchers in 2026 until HUD determines that CDC is no longer in a shortfall status.

CDC staff will continue working with HUD, monitor program funding, and advocate for the ability to fully utilize available Mainstream Voucher funding to serve eligible households in Mendocino County.

3. FUP utilization at 90% or above.

CDC has achieved this goal. CDC was allocated 20 Family Unification Vouchers. These vouchers are for households in which the lack of adequate housing is a primary factor in either children being removed from the home, or if already removed being able to return home. CDC receives referrals for the FUP program directly from Mendocino County Family and Children's Services. CDC currently has 20 households housed with rental assistance.

4. VASH utilization to 80% or above

CDC continues to work toward increasing HUD-VASH utilization and maintains regular monthly coordination meetings with the U.S. Department of Veterans Affairs. Through these meetings, CDC and VA staff review referral activity, discuss utilization challenges, identify barriers to lease-up, and address any concerns affecting eligible veteran households.

CDC has been awarded 101 HUD-VASH vouchers and is currently utilizing 67 vouchers, which reflects continued program activity but remains below the 80% utilization goal. A primary challenge is the limited number of eligible HUD-VASH households identified in Mendocino County. Because HUD-VASH referrals are made by the VA, CDC does not control the timing or volume of referrals received. However, the VA continues to submit referrals to CDC when eligible households are identified.

5. Develop partnerships with at least 3 local service providers (behavioral health, re-entry programs, DV shelters) to support HCV participants facing barriers to housing stability.

CDC has made progress toward this goal by strengthening coordination with the local Continuum of Care administrative entity. When an HCV household is connected to the HMIS system and consents to supportive-service involvement, CDC may notify the Continuum of Care partner of housing stability concerns, such as hoarding-related HQS deficiencies, mental health concerns, or other issues that may place the household's voucher assistance at risk. With the participant's consent, the partner agency can engage with the household, provide support, and assist the family in addressing the issue so they may remain compliant with HCV program requirements.

CDC staff have also completed training on how to make appropriate referrals or reports to Adult Protective Services when a household may be at risk of losing housing due to safety, health, or self-neglect concerns. When appropriate, CDC asks the household whether they would like CDC to make a report or referral so the household may be connected with additional supportive services.

6. Digitize 50% of client records and correspondence by 2030 to improve operational efficiency.

CDC has not yet begun the formal digitization process for client records and correspondence. However, this remains an active long-term goal for the agency. CDC intends to evaluate current recordkeeping practices, identify staffing and technology needs, and develop an implementation plan to begin transitioning paper records and correspondence into a secure digital format. The agency will continue working toward the 2030 target to improve operational efficiency, strengthen document accessibility, and support timelier program administration.

HOUSING ASSETS

1. Complete at least one capital improvement project at each owned or managed property with an emphasis on fire prevention/hardening.

We are well on our way to completing fire prevention/hardening at our senior housing site. This is the one we have prioritized and doing first.

2. **Assist with the development of at least 10 new or acquisition/rehab units.**

Nothing yet for this. Funding cuts and timing has slowed down affordable housing development right now. Also, we are maxed out on housing choice vouchers and unable to offer project based vouchers for any new developments. This may affect our ability to assist new developments for the short term.

3. **Develop at least one site.**

We have three small vacant sites. We are looking at one of these for a possible single-family house.