Schedule of Positions and Compensation						U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0272 (exp. xxdxxdxxxx)						
ublic Reporting Burden Statement: position proving burden stateme												
the top management official (e.g., the executive director, Chief Executive Officer (CEO), or person with similar duties); 2) the top management official (e.g., the executive director, Chief Executive Officer (CEO), or person with similar duties); 2) the top financial/accounting official (e.g., the chief financial/accounting officer or person with similar duties); and ALL individuals who are paid an annual salary funcluding bonus) above the prevailing salary for Level IV of the Executive Schedule WFORTANT NOTES: If the top management official and the top financial/accounting official are the same person, the PHA is to report information for that person and the next highest paid individual. * A Public Housing Agency (PHA) that has neither a top management official for financial/accounting official MUST report compensation for its two highest paid employees. * If a PHA has two or fewer employees, the PHA is to report the information for all its employees. * Submit the required information for the 2025 calendar year only												
Section I: PHA Information												
A) PHA Code B) Name of PHA*			(use drop-down list)									
C) PHA Fiscal Year End			(use drop-down list)									
D) This PHA had no employees in 2025		(check box if this is the case)										
(E) This PHA is managed by another PHA or other entity (use drop-down list to identify the managing PHA or type in the name of the other managing entity if not a PHA)												
Section II: Cale	endar Year Employee	Compensati		(When entering a compensation.)	mounts, do NOT u	ounts, do NOT use dollar signs, commas or other special characters. Enter 0 (zero) in any box when the employee did not receive the						
ox 1	Box 2	Box 3		Box 5	Box 6	Box 7	Box 8	Box 9	Box 10	Box 11	Box 12	Box 13
Employee Last Name	First name, middle initial	Employee Title (Use drop- down list)	Total Compensation as reported on the PHA employee's 20XX IRS Form W-2 (Box 5) (\$)	Base Salary from Section 8 & 9 funds (\$)	Bonus compensation from Section 8 & 9 funds (\$)	Incentive, and other compensation from Section 8 & 9 funds (\$)	Base Salary from NON - Section 8 & 9 funds (\$)	Bonus compensation from NON-Section 8 & 9 funds (\$)	Incentive, and other compensation from NON-Section 8 & 9 funds (\$)	Total (Boxes 5 through 10)	Completeness Check: (Box 4 = Box 11) Yes/No	If this employee is compensated and reported by more than one PHA, identify all other PHAs below
												(use drop down list) (use drop down list)
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Section III: Calendar Ve	ar NON W-2 Employee	e Compensa	tion Data - Other	CASH Compense	tion							
Section III: Calendar Year NON W-2 Employee Compensation Data - Other CASH Compensat only complete if an employee in Section II above was paid cash compensation not included					in the W-2 inform	ation reported]						
ox 14	Box 15 Box 16 Box 17											
Employee Last Name	First, middle initial	Employee Title (Use drop- down list)	Cash compensation paid to employee in CY 20XX NOT reported on the employee's W-2 (\$)	If an amount is entered in Box 17, please explain the circumstances in the space provided below.								
Section IV: Certification hereby certify that the ab and date this form):	al signing,											
IWe, the undersigned, certify under penalty of perjury that the information provided on this form is true, accurate and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).												ement
The ferror will as to make a												

Instructions for Form HUD-52725 (Rev 2/2025)

General Instructions

- 1. HUD will publish a notice that will provide additional instructions for submitting this form. All PHAs that administer public housing and/or housing choice voucher programs are required to complete this form.

- (1) the top management official (e.g., the executive director, Chief Executive Officer (CEO), or person with similar duties); (2) the top financial/accounting official (e.g., the chief financial/accounting officer or person with similar duties); and (3) all individuals who are paid an annual salary (including bonus) above the prevailing salary for level IV of the Executive

MPORTANT NOTES:

- * If the top management official and the top financial/accounting official are the same person, the PHA is to report
- information for that person and the next highest paid employee.
 ** A PHA that has neither a top management official nor financial/accounting official MUST report compensation for its wo highest paid employees
- * If a PHA has two or fewer employees, the PHA is to report the information for all its employe

Section I: PHA Information

- (A) PHA Code. Select your PHA code from the drop-down list.
- (B) Name of PHA. The form will automatically populate this box
- (C) PHA Fiscal Year End. Select your PHA's fiscal year end from the drop-down list.
- (D) This PHA had no employees in 20XX. If the PHA being reported had no employees, check the box provided.
- (E) This PHA is managed by another PHA. If the PHA being reported is managed by another PHA or other entity, Identify the other entity here. If it is a PHA use the drop down list to identify the managing PHA. If managed by an entity other than a PHA, enter the name of the entity.

Section II: Calendar Year Employee Cash Compensation Data

- Box 1. Enter the executive/employee's last name.
- Box 2. Enter the first name and middle initial of the executive/employee.
- Box 3. Using the drop down menu, enter the executive/employee's job title or position. The drop down menu provides three options: CEO/ED, Chief Financial Officer (CFO), and Other. Select CEO/ED for the PHA's top management official. Select CFO for the PHA's top financial/accounting official. Select "Other" for the highest paid executive/employee who is not the CEO or CFO.
- Box 4. Using the executive/employee's Internal Revenue Service (IRS) FORM W-2 Wage and Tax Statement, enter the amount that is in Box 5 (Medicare wages and tips). If the executive/employee is an employee of another entity but a portion of his or her salary is allocated to the PHA, still enter the total amount reported on the individual's W-2 in Box 5.

SIX IMPORTANT NOTES FOR COMPLETING BOXES 5 THROUGH 10:

- 1) Section 8 funds include ALL Housing Choice Voucher program funds and all associated program funds under Section 8 the PHA has received.
- 2) Section 9 funds include ALL Public Housing Operating Subsidy, Capital funds and all associated program funds under Section 9 the PHA has received.

 3) If an executive is paid with MTW funds, these are considered Section 8 and Section 9 funds.
- 4) For purposes of this compensation survey, Section 8 and 9 funds paid as fees from public housing properties to the Central Office Cost Center are considered federal Section 8 and 9 funds.
- 5) When entering compensation amounts, do NOT use dollar signs, commas or other special characters.
 6) Enter a 0 (zero) for any category when an employee did not receive that form of compensation.
- Box 5. Enter the amount of the executive/employee's base salary that was paid from or allocated to Section 8 and 9 program funds in the calendar year.
- Box 6. If the executive/employee was paid a bonus, enter the amount of the executive/employee's bonus that was paid from or allocated to Section 8 and 9 program funds in the calendar year.
- Box 7. Enter the amount of the executive/employee's incentive or other cash compensation that was paid from or allocated to Section 8 and 9 program funds in the calendar year.
- Box 8. Enter the amount of the executive/employee's base salary that was paid from or allocated to NON-Section 8 and 9 program funds in the calendar year. Box 9. If the executive/employee was paid a bonus, enter the amount of the executive/employee's bonus, that was paid
- from or allocated to NON-Section 8 and 9 program funds in the calendar year. Box 10. Enter the amount of the executive/employee's incentive or other cash compensation that was paid from or allocated to NON-Section 8 and 9 program funds in the calendar year.
- Box 11. This box will auto-populate as the sum of boxes 5 through 10. The amount in Box 11 should equal the amount entered in Box 4. If these amounts do not agree, please revise the amounts in Boxes 5 through 8. If the executive/employee received additional CASH compensation from the PHA that was not reported on IRS FORM W-2 BOX 5, this compensation must be reported in Section III of this form.
- Box 12. This box will auto-populate. If the amounts in boxes 4 and 11 do not agree, this box will say "NO". The form may not be submitted until boxes 4 and 11 agree, and this box says "YES"
- Box 13. If any employee being reported works for more than one PHA, and therefore, has compensation information submitted by more than one PHA, use the drop-down list to identify all of the PHAs for which compensation information is reported for that employee. Note, a separate submission is required for each such PHA.
- Section III: Calendar Year Employee NON W-2 Cash Compensation Data Other CASH Compensation [This section is only used if employees received cash compensation during the calendar year that was not reported in Box 5 of the employee's W-2.]
- Box 14. Enter the executive/employee's last name.
- Box 15. Enter the first name and middle initial of the executive/employee.
- Box 16. Using the drop down menu, enter the executive/employee's job title or position. The drop down menu provides 3 options: CEO, CFO, and Other. Select CEO for the PHA's top management official. Select CFO for the PHA's top financial/accounting official. Select Other for the highest paid executive/employee who is not the CEO or CFO.
- Box 17. Please enter the total CASH compensation paid in the calendar year from Section 8 & 9 funds that was NOT reported on the individual's W-2. Do not include valid non-taxable PHA expense reimbursements paid to the employee (e.g., valid travel, training, etc. expenses). Please provide a written explanation for any amounts entered in Box 14 in the