

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Wichita Falls Housing Authority PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/01/2009 PHA Code: TX022				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>624</u> Number of HCV units: <u>0</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.)				
	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:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Reduce Public Housing vacancies, Leverage private or public funds to create additional housing opportunities, Improve PHAS Score, Increase customer Satisfaction, Renovate or modernize public housing units, improve public housing security, provide supportive services to improve assistance recipients employability, increase the number and percentage of employed residents receiving assistance, Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability, provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability, ensure accessible housing to persons with all varieties of disabilities regardless of unit size required, Continue to collaborate with the homeless coalition to provide suitable living conditions and housing options for the homeless. Progress Report: The PHA has included a FSS Action plan to work towards increasing the number of residents employed and working towards self sufficiency, The PHA also plans to write a FSS grant to ensure above goals are being met. The PHA worked with the City of WF homeless Coalition to write a COC grant that will assist the Homeless in our area and provide much needed services to our residents. The HA has improved the PHAS score over the last couple of years with the latest score being an 85. The PHA is currently working on modernization of the heating and cooling systems in AMP 2 to become more energy efficient AMP 4 will be next and eventually all units will have updated heating & cooling systems. Police Officers from the City of WF are employed by the PHA to provide a safer liver environment for all residents of the HA.				
6.0	PHA Plan Update (a) No PHA Plan Elements have been revised by the PHA since its last Annual Plan submission (b) Complete copies of the 5-Year and Annual PHA Plan are kept at the main administration building 501 Webster, Wichita Falls, TX 76306, Also all elements of the plan may also be reviewed at the main office.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Currently none of these programs are applicable to the WFHA Annual Plan or 5-year plan.</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. Please see attached Capital Fund Program Annual Statement/Performance and Evaluation Report for CF 2008 & CF 2009				
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. Please see attached Capital Fund Program 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. N/A
9.0	Housing Needs. According to the gap analysis between household and affordable units there is a shortage for households earning less than 30% MFI, for moderate to low income families there are plenty of affordable safe apartments for families to rent it is the very low to extremely low income families that are having a hard time finding safe affordable housing. The area with the highest concentration of minorities is the eastern part of the city which extends from eastside drive to the city limits making up about 70.1 % of the minority population. The WFHA is located on the east side of the city and usually has about a 10% vacancy rate. The East side area also has a large homeless population that lives in this area.

9.1	Strategy for Addressing Housing Needs. The PHA always participates in the development of the consolidated plan. We also need to work on reducing the amount of time spent on unit turn around and renovations to the units. We are developing more effective maintenance policies to minimize the amount of time that a unit is off-line. The WFHA has also begun working with the Homeward Bound homeless coalition to address the needs of the homeless in our area. The WFHA also plans to write a FSS grant this year to help families living in the HA become more self sufficient and hopefully move in to fair market housing which will free up units for other low income families who can then participate.
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10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals: The WFHA has improved the PHAS score each year for the last three years which was a goal of the 5-year plan our score this year is 85 and we are striving towards high performer. We also set a goal to renovate or modernize our units and we are currently working towards that goal. We have begun adding updated HVAC systems in all our two story units. Improve customer satisfaction was also a goal and we have drastically reduced the number of negative calls to HUD concerning the Housing Authority staff. We also will continue to work with the local domestic violence shelter to serve the needs of child and adult victims of domestic violence, date violence, sexual assault or stalking. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "": Any change to the Mission Statement; 50% deletion from or addition to the goals and objectives as a whole; and 50% or more decrease in quantifiable measurement of any individual goal and objective. Significant Amendment or Modification to the Annual Plan Any increase or decrease over 50% in the funds projected In the Financial Resource Statement and/or the Capital Fund program Annual Statement; Any change in a policy or procedure that requires a Regulatory 30-day posting; Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversions, Demolition/Disposition, Designated Housing or Homeownership programs; & Any change inconsistent with local, approved Consolidated Plan, and the discretion of the Executive Director.
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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. (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)
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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 5-Year and Annual PHA Plans. 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, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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. 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 Act 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 hereunder 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

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Annual Status and Performance and Evaluation Report
 Capital Fund Programs: Capital Fund Program, Reprovement Housing Program and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 4227-0020
 Expires 4/30/2013

Part II: Summary					
PIA Name: Michigan Public Housing Authority		Grant Type and Number: Capital Fund Program Grant No. 7521F32250123 - Reprovement Housing Program Grant No. Date: 07/2012		FY of Grant: 2012 FY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Budgetary Annual Statement <input type="checkbox"/> Narrative for the construction grant <input type="checkbox"/> Performance and Evaluation Report for Annual Funding <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Statement by Development Account	Total Estimated Cost	Revised ¹	Obligated	Expended
1	Total Project Fund				
2	1000 Operating Expenses - Reprovement Housing Program	0			
3	1000 Maintenance - Reprovement	22,150			
4	1000 Administration - Operating Expenses - Reprovement	24,418			
5	1000 Funds	0			
6	1000 Capital Expenditures	0			
7	1100 New Construction	32,875			
8	1400 Other Activities	0			
9	1400 Other Activities	105,224			
10	1400 Existing Structures	29,723			
11	1500 Housing Equipment - Existing Structures	16,887			
12	1500 New Housing Structures	0			
13	1500 New Housing Equipment	16,888			
14	1600 Deposits	0			
15	1600 Housing by Other Developmental Activities	0			
16	1600 Other Housing Costs	0			
17	1600 Financing Activities	0			
18a	1600 Administration of Developmental Activities - PHAs	0			
18b	1600 Administration of Developmental Activities - PHAs	0			
19	1600 Administration of Developmental Activities - PHAs	0			
20	1600 Administration of Developmental Activities - PHAs	0			
21	1600 Administration of Developmental Activities - PHAs	0			
22	1600 Administration of Developmental Activities - PHAs	0			
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99	1600 Administration of Developmental Activities - PHAs	0			
100	1600 Administration of Developmental Activities - PHAs	0			

¹ This is optional for the submission of this report.
² This is optional for the submission of this report.
³ This is optional for the submission of this report.
⁴ This is optional for the submission of this report.
⁵ This is optional for the submission of this report.

Annual Statement of Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Supplemental Housing Demonstration and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Replaces HUD-2001-1

Part E: Summary					
PIA Name: WICHITA FALLS HOUSING AUTHORITY		Grant Title and Number: Capital Fund Program Grant No. H-2001-0001		Explanation of the Grant No.:	
				FY of Grant: 2008 FY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement of Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement of Performance and Evaluation Report <input type="checkbox"/> Revised Annual Statement of Performance and Evaluation Report <input type="checkbox"/> Revised Annual Statement of Performance and Evaluation Report					
Line	Quantity or Description of Activities	Original	Revised	Original	Revised
	Signature of Executive Director <i>Christina Lopez</i>	Date 12/5/2008	Signature of Public Housing Director	Date	

Part II: Supporting Pages								
PIA Name: Wichita Falls Housing Authority		Grant Title and Number: Capital Fund Program Grant No. TX21P02290109 Replacement Housing Feature Grant No. NA			Federal FY of Grant: 2009			
Development Number Name PHA-Wide Activities	General Description of Major Work Categories	Dis. Input Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ³	
PHA Wide	Management Improvements							
	a). Training Maintenance Staff	1499	7	28,192				
	Administration Fees & Costs	1410		24,416				
	a). Architects & Engineering	1480		32,920				
	Non Dwelling Structures	1470		0				
	Non Dwelling Equipment							
	a). truck	1475	1	15,000				
AMP 1	Site Improvements							
	a). Siding & Tapes	1450	12	30,000				
	b). Foundation Repair	1450	124	4,325				
	Subtotal			34,325				
	Dwelling Structures							
	a). Annual Inspections	1480	204	2,850				
	b). Kitchen Cabinets	1480	6	9,752				
	Subtotal			12,602				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name Wichita Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No.		Fiscal Year(s)		Federal FY of Grant 2009		
Development Number Municipally Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP1	Dwelling Equipment							
	a). Ranges	1485.1	10	2,850				
	b). Refrigerators	1485.1	20	1,345				
	c). Hot Water heaters	1485.0	10	2,300				
	subtotal			10,845				
AMP4	Site Improvements							
	a). Siding & Fascia	1450	5	30,000				
	b). Foundation Repairs	1450	122	4,325				
	subtotal			54,325				
	Dwelling Structures							
	a). Annual Inspections	1460	122	1,706				
	b). Kitchen Cabinets	1460	8	12,000				
	c). UpGrade Heating & Cooling	1460	30	653,850				
	subtotal			667,556				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages						
PIA Name: Winifred Falls Housing Authority		Grant Type and Number: Capital Fund Program Case No. TX21-FU2286109 (FAP Year Nine) Replacement Housing (New Grant No. 105)			Federal FY of Grant: 2009	
Development Number Name-PIA Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
				Funds Obligated ²	Funds Expended ²	
AMP 4	Dwelling Equipment					
	a) Ranges	1485.1	20	2,550		
	b) Refrigerators	1485.0	12	6,390		
	c) Hot Water Fixtures	1485.1	33	7,140		
	Subtotal			20,796		
AMP 2	Site Improvements					
	a) Remove Side Walks	1480	5	6,000		
	b) Restore Sidewalks	1480	6	15,000		
	Subtotal			20,000		
	Dwelling Structures					
	a) Foundation Repair	1450	102	6,890		
	b) Siding & Fascia	1490	7	90,000		
	c) Cabinets	1450	8	12,000		
	d) Repair Floors	1460	5	4,500		
	e) Energy Efficient Light Bulbs	1400	1,000	1,200		
	f) Annual Inspections	1460	152	2,968		
	Subtotal			58,088		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Supporting Pages								
PHA Name: Wichita Falls Housing Authority		Grant Title and Number: Capital Fund Program Grant No. IX21P02250109 CSFP (FAR No): Kerbaumont Housing Facility Grant No. 46			Fiscal Year of Grant: 2005			
Development Number Name/PHA-Title Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 2	Dwelling Equipment							
	c) Ranges	1465.1	0	1,700				
	d) Dishwashers	1465.1	10	4,345				
	e) Hot Water Heaters	1465.1	10	2,400				
	subtotal			8,445				
AMP 3	Site Improvements							
	a) Replace Water Lines	1450	400	20,000				
	b) Siding & Fences	1450	12	30,000				
	c) Foundation Repairs	1450	110	5,224				
	subtotal			55,224				
	Dwelling Structures							
	a) Energy Efficient Light Bulbs	1480	360	705				
	b) Cabinets	1480	8	6,750				
	c) Annual Inspections	1480	110	1,450				
	subtotal			8,905				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Wichita Falls Housing Authority			Locality (Wichita Falls , Wichita County & Texas)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	939,013	939,013	939,013	939,013
C.	Management Improvements		28,192	28,192	28,192	28,192
D.	PHA-Wide Non-dwelling Structures and Equipment		15,000	15,000	15,000	15,000
E.	Administration		24,416	24,416	24,416	24,416
F.	Other		32,820	32,820	32,820	32,820
G.	Operations					
H.	Demolition		0	0	0	0
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,039,441	1,039,441	1,039,441	1,039,441
L.	Total Non-CFP Funds					
M.	Grand Total	1,039,441	1,039,441	1,039,441	1,039,441	1,039,441

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY __2009__	Work Statement for Year __2010__ FFY __04/01/2010__			Work Statement for Year: __2011__ FFY __04/01/2011__		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	AMP 2 TX022000002			AMP 2		
Annual	Remove & Replace Sidewalks	15	20,000	Foundation Repairs	182	20,000
Statement	Foundation Repair	182	5,899	Siding & Fascia	12	5,899
	Siding & fascia	12	30,000	Replace Floors	5	30,000
	Replace Floors	5	4,600	Cabinets	6	4,600
	Cabinets	6	12,000	Water & Sewer Lines		167,657
	Ranges	6	1,700	Ranges	6	1,700
	Refrigerators	10	4,345	Refrigerators	10	4,345
	Hot Water Heaters	10	2,400	Hot Water Heaters	10	2,400
				Energy conservation		11,573
	AMP 3 TX022000003			AMP 3		
	Replace Water Lines	400'	20,000	Replace Water Lines	400'	20,000
	Siding & Fascia	12	30,000	Siding & Fascia	12	30,000
	Foundation Repairs	110	5,224	Cabinets	6	9,753
	Cabinets	6	9,753	Annual Inspections	110	1,430
	Annual Inspections	110	1,430	Ranges	5	1,425
	Energy Conservation	550	700	Refrigerators	8	3,595
	Ranges	5	1,425	Hot Water heaters	8	1,800
	Refrigerators	8	3,595			
	Hot Water heaters	8	1,800			
	Subtotal of Estimated Cost		\$ 154,444	Subtotal of Estimated Cost		\$483,834

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year __2012_____ FFY _____04/01/2012_____			Work Statement for Year: __2013_____ FFY _____04/01/2013_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	AMP 2 TX022000002			AMP 2		
Annual	Parking Lot Repair	28000'	10,400	Parking Lot Repairs	28000'	10,400
Statement	Cabinets	6	12,000	Cabinets	6	12,000
	Water & Sewer Lines	600'	69,291	Water & Sewer Lines	600'	66,564
	Siding & fascia	12	30,000	Siding & fascia	12	30,000
	Renovate Interiors	12	10,500	Renovate Interiors	12	10,500
	Ranges	6	1,700	Ranges	6	1,700
	Refrigerators	10	4,345	Refrigerators	10	4,345
	Hot Water heaters	10	2,400	Hot Water heaters	10	2,400
	AMP 3 TX022000003			AMP 3		
	Replace Water Lines	400'	59,291	Replace Water Lines	400'	20,000
	Siding & Fascia	12	30,000	Siding & Fascia	12	30,000
	Cabinets	12	12,000	Cabinets	12	12,000
	UP Grade HVAC	3	367,000	Up Grade HVAC	3	403,567
	Parking Lot Repair	2800'	10,400	Parking Lot Repair	2800'	10,400
	Ranges	18	1,425	Ranges	18	5,000
	Refrigerators	8	3,595	Refrigerators	6	3,595
	Hot Water heaters	18	1,800	Hot Water heaters	18	5,000
	Subtotal of Estimated Cost		\$ 626,147	Subtotal of Estimated Cost		\$ 627,471

**PIA Certifications of Compliance
with PIA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Regulations 430-2001

**PIA Certifications of Compliance with the PIA Plans and Related Regulations:
Heard Resolution to Accompany the PHA 5-Year and Annual PIA Plan**

As my or our behalf the Board of Commissioners of the Public Housing Agency (PHA) hereby certifies as its Chairman or other authorized PIA official (PICA) as Secretary of Commission, I agree to the submission of this 5-Year and Annual Consolidated PIA Plan for the PHA for the year beginning 4/1/07. The resolution referred to as "the Plan", of which this document is a part, and which are hereby certifying our agreement with the Department of Housing and Urban Development (HUD) in accordance with the substance of the Plan and implementing thereof.

1. The Plan is consistent with the applicable comprehensive housing affordability strategy for any plan incorporated, such strategy for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, by the PHA's jurisdiction, and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, in the Capital Fund program (and Capital Fund Program Supplemental Housing Trust Fund) Annual Agreement(s) that submission(s) has approved Annual Plan. The Capital Fund Program Annual Statement Annual State and/or Economic and Technical Report must be submitted annually, even if there is no change.
4. The PHA has established a Resident Advisory Board or Board, the membership of which represents the residents residing in the PHA, consulted with the Board or Board in developing the Plan, and considered the recommendations of the Board or Board (24 CFR 903.10). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Board and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990.
7. The PHA will proactively further fair housing by examining fair programs or proposed programs, identify any impediments to fair housing under within these programs, analyze those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions or implement any of the jurisdiction's initiatives to address fairly. Further, for housing that require the PHA's involvement and implement any of the jurisdiction's initiatives to address fairly.
8. The PHA Plan that includes a policy for one based waiting lists:
 - The PHA regularly submits required data to HUD's HOUSING CHOICE system in an accurate, complete, and timely manner as specified in HUD Notice 2006-04.
 - The system of one based waiting lists provides the full disclosure to each applicant in the selection of the draw period in which to reside, including basic information about available units and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site.
 - Adoption of the based waiting list would not violate any fair housing or settlement agreement or be inconsistent with pending complaints brought by HUD.
 - The PHA shall take reasonable measures to ensure that each waiting list's consistent with HUD policy furthering fair housing.
 - The PHA includes for review of its one based waiting list policy to determine if it is consistent with civil rights laws and regulations, as specified in 24 CFR part 903.10(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of sex pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 5 of the Housing and Urban Development Act of 1980, (Employment Opportunities for Low or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 17.

CFR 5. 46(g)

2008-2009 PHA Plan for Michigan Public Health Agency

14. The PHA will designate the responsible entity or "D" entity (as mentioned in the responsible entity or "D" needs to carry out its duties under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 55, as applicable).
15. With respect to public housing, the PHA will comply with Davis-Bacon or HUD determinate wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.40 and fulfill an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Circular Principles for State, Local and Indian Tribal Governments), 2 CFR Part 200, and 24 CFR 104.82 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approved under the regulations and included in its Plan.
20. All commitments to the Plan have been and will continue to be available for review and all documents that the PHA Plan is available for public inspection. All required reporting documents have been made available for public inspection along with the Plan and additional requirements of the primary business office of the PHA and/or all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assistance as part of the certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the charges to the policies and programs before implementation by the PHA;
 - (ii) The charges were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The relevant policies and programs are available for review and inspection at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Michigan Public Health Agency
PHA Name

92022
PHA Number/HA Year

X 5-Year PHA Plan for Fiscal Years 2005 - 2010

X Annual PHA Plan for Fiscal Years 2009 - 20

This document is the property of the Michigan Public Health Agency. It is loaned to you for your use only. It is not to be distributed outside of your organization. If you have any questions, please contact the Michigan Public Health Agency at 311-330-1100. This document is available at: www.michigan.gov/pha

Name of Authorized Official

Carol Zarling

Signature

Carol A. Zarling

Title

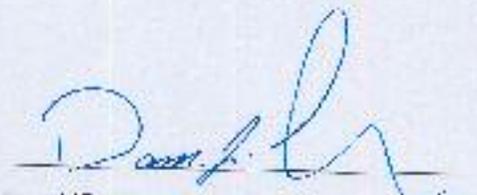
Board Chairperson

Date

12/18/2008

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, Dennis L. Lister the City Manager certify
that the Five Year and Annual PHA Plan of the Wabash Falls Public Housing Authority is
consistent with the Consolidated Plan of City of Wabash, Ind. prepared
pursuant to 24 CFR Part 91.


Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicants

Wichita Falls Housing Authority
1610 North Loop West, Suite 1000

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) concerning the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace, and specifying the actions that will be taken against employees for violation of such prohibition.

b. Forwarding to incoming drug-free awareness program to inform employees --

(1) The dangers of drug abuse in the workplace.

(2) The Applicant's policy of maintaining a drug-free workplace.

(3) Any available drug counseling, rehabilitation, and employer assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.

d. Notifying the employee in the statement required by paragraph a that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.

e. Notifying the agency in writing, within ten calendar days after receiving notice under sub-paragraph d(2) from an employee or otherwise receiving actual notice of such conviction. Employees of convicted employees must provide notice, including person title, to every grant officer or state designer at whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

f. Taking one of the following actions, within ten calendar days of receiving notice under paragraph d(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a, b, c, f.

2. **Site for Work Performance.** The Applicant shall for two separate pages the site(s) for the performance of work done in connection with the HUD funding of the program/activities above. Each page shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

Check one: I have no sites on file for the Capital Fund program/activities.

I hereby certify that all the information stated herein, as well as any information provided in the accompanying herewith, is true and accurate. Warning: HUD will prosecute false statements and omissions. False data may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1418, 1512; 31 U.S.C. 3228, 3602)

Name of Authorized Official

Signature: James Piper
x James Piper

Title

Executive Director

Date

12/15/2007

Form HUD-6000 (2-07)
HUD-6000-07417-1, 7/9/05, 6485-1A, 2

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Name: _____

Michigan Public Housing Authority

Agency/Address/Phone/Federal Grant Number: _____

PIA Annual Plan/5 year Capital fund program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form 278, Disclosure Form to Report Influencing to accordance with its instructions.

(3) The undersigned shall require that the language of this certification be reproduced in subsequent documents for all subawards or all those (including subcontracts, agreements, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I declare under the all the information stated herein, as well as my certification provided in this agreement, true, correct, and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in civil and criminal penalties.
(24 U.S.C. 1901, 1910, 1912; 31 U.S.C. 3729, 3771)

Signature of Federal Official: _____

Title: _____

Donna Lopez

Executive Director

Signature: _____

Signature: _____

Donna Lopez

2/18/2008

Product and Center Name: _____

Form HUD 60021 (1/02)
OF Housing: 02-7-747613-6155, 1, 6, 7, 8, 9

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See release for public burden disclosure.)

Approved by OMB
10/14/97-10

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> n/a. initial application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Wichita Falls Housing Authority 501 Webster St. Wichita Falls, TX 76706 Congressional District, if known: 4c		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:
6. Federal Department/Agency: U.S. Dept. of HUD ET, North Reg. Region IV P.O. Box 2305 Ft. Worth, TX 76101		7. Federal Program Name/Description: CFDA Number, if applicable: _____
8. Federal Action Number, if known: N/A		9. Award Amount, if known: \$ N/A
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI)		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)
<small>11. This form is a public disclosure under the Freedom of Information Act (5 U.S.C. 552). The disclosure of lobbying activities is a core function of the Department of Housing and Urban Development. The information provided on this form is for public use. The information provided on this form is for public use. The information provided on this form is for public use. The information provided on this form is for public use.</small>		Signature: <u>James Piper</u> Print Name: <u>James Piper</u> Title: <u>Executive Director</u> Telephone No.: <u>(940) 723-9352</u> Date: <u>12/12/2008</u>
Federal Use Only:		Authorized for Local Redistribution Standard Form 11 (Rev. 7/97)

RAB Committee
Sign In Sheet

October 28, 2008

Subject: WFHA Annual Plan with BDRC

1. Deborah Neal
2. Laura Parham
3. Mrs. M. Brice
4. al Bush
5. Linda Sherman
6. William Craft
7. Annice Lee
8. Rosamund Jones
9. _____
10. _____
11. _____

Resident Advisory Board Comments:

No Comments