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|------------|--|----------|--------------------------------------|-------------------------------|------------------------------|
| 1.0 | PHA Information PHA Name: <u>Wakefield Housing Commission</u> PHA Code: <u>MI015</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/01/2010</u> | | | | |
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>30</u> Number of HCV units: _____ | | | | |
| 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. 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: It is our Mission to assist in provision of decent, safe, and sanitary housing to our applicants and tenants. To provide affordable housing to persons with very low to moderate income, to offer and assist low to moderate income households in achieving self-sufficiency and provide supportive services for the elderly, disabled and families free from discrimination. We will partner with our residents and others to enhance the quality of life in our community. | | | | |
| 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. Goals and Objectives: #1. Wakefield Housing Commission is under new management (by Bessemer Housing Commission) since 01/2009. Wakefield is a financially troubled agency when we took over. In the passed year we have went from not being able to pay our bills to having over \$20,000 in the checking account and it keeps growing every month. Our 6/2009 audit there were not findings. We have renovated 16 of 30 bathrooms to free of mold. We also added energy efficient lighting. Wakefield had 100% occupancy in September 2009 for the first time in over 5 years. We implemented work order program for tracking. #2. Continue to work on increasing customer satisfaction by continuing improvements on the apartments, public areas, and grounds through renovation/modernization funds available with the CFP programs. #3. Continue to looking for energy savings measures. Currently looking into performance contracting. #4. WILL reduce vacancy turnaround. #5. Provide information/contacts for supportive services t increase independent for elderly, disabilities, and our younger residents who are working and/or attending the local community college. #6. Offer housing to all persons regardless of race, color, religion, national origin, sex family status or disability. The Wakefield Housing Commission will continue to utilize all capital funds to maintain, renovate and modernize its public housing units, community areas, property and grounds. We will continue to develop and maintain links between housing and service sectors to provide housing opportunities for all households with special needs. | | | | |
| 6.0 | PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Under Operations and Management: Internal Control Procedures, Personnel Policy, and Credit Card Policy. ARRA Procurement and Procurement Policy. 2. Violence Against Women Act (VAWA) This plan element has not been revised since the Housing Commission's last plan submission. The Director has met with local Domestic Violence Escape (DOVE) community liaison. (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. Wakefield Housing Commission 200 Pierce Street, Wakefield, MI 49968 Office hours are Wednesday 7:30 a.m. – 4:00 p.m. | | | | |

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| 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> We do not have any of these programs. |
| 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. Based on the information available to our housing commission, we feel that there is a need for additional low-income elderly housing for our elderly population and also emergency services for all age groups. We are also actively involved with other local agencies that try to meet all needs of low-income and moderate income people of our area. |
| 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. The Wakefield Housing Commission will continue the improvements and preservations of our existing affordable housing stock and neighborhood using our Capital Funds. |
| 10.0 | Additional Information. Describe the following, as well as any additional information HUD has requested. (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. We believe that we are meeting the mission and goals that we have set for our Housing Commission. We are very proactive in meeting needs of low to moderate income applicants, tenants and other in our community. We strive to maintain the housing commission property in the best possible shape and to quickly respond to the needs of the property. We also try to go above and beyond to help our applicant, tenants and others in our community by being knowledgeable of all local programs to better director applicants/tenants in the right director. It is our goal to be a "caring" housing commission at the same time as providing housing services to the community. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Significant Amendment –The Wakefield Housing Commission defines "Significant Amendment" as those changes in our policies or plans that are discretionary changes that significantly change our mission, goals, objectives, or plans of the Housing Commission. These would not include changes that are a result of a change in HUD's rules, requirements, or regulations, or any annual update or change that is required by HUD or performed on an annual basis. Substantial Deviation – The WakefieldHousing Commission defines "Substantial Deviation" as those changes in our policies or plans that are discretionary changes and that would fundamentally and majorly change our mission, goals, objectives, or plans of our Housing Commission. These would not include changes that are a result of a change in HUD's rules, requirements, or regulation. These changes would require HUD's approval. |
| 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) |

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 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

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.

Wakefield Housing Commission

Sunset Manor

*200 Pierce Street
Wakefield, MI 49968
(906) 229-5204
Fax (906) 229-5470
whousing@charterinternet.com*

R.A.B. STATEMENT

Wakefield Housing Commission does not have a Resident Advisory Board. We are a small PHA and the residents have been given notice and explained the needs, benefits and duties of forming a Resident Advisory Board and being its members. The residents have met on a semi-regular basis to discuss various issues that have been of interest to them which include the PHA Plan process. Though they still decline volunteering as members, they do make occasional comments regarding building needs, activities and attending open board meetings.

The most current meeting held was January 13, 2010. There were 13 residents in attendance and 1 board member. Items to be added to next 5 year plan:

- New Kitchen flooring
- Replacing/refacing kitchen cabinets
- New air conditioner in community room (current not energy efficient and switch too high to reach to turn on/off)
- Awning for outside of community room (shaded area)
- Additional electrical outlet added (in one bedroom units only) by kitchen
- Change step to ramp in garbage areas
- Front loading washer/dryers
- New windows
- New refrigerator

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

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

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

I, Martha Baumgart the State of Michigan Consolidated Plan Coordinator certify that the Five Year and Annual PHA Plan of the Wakefield Housing Commission is consistent with the Consolidated Plan of the State of Michigan prepared pursuant to 24 CFR Part 91.

Martha Baumgart March 29, 2010

Signed/Dated by Appropriate State or Local Official

Attachment B

Request for Certification of Consistency
Local Housing Authorities

Instructions: Complete this form and attach the completed Required Form for Certification of Consistency with the State Consolidated Plan and send to the following address:

Martha Baumgart
MSHDA
735 E. Michigan
P.O. Box 30044
Lansing, MI 48909

LHA Name Wakefield Housing Commission

Address 200 Pierce Street
Wakefield, MI 49968

Contact Sheri Graham, Executive Director
Phone # 906-229-5204
FAX # 906-229-5470
E-Mail whousing@charterinternet.com

Program Year Start Date 7/1/2010

Date of Plan Submission to HUD 4/16/2010

CERTIFICATION:

I, Sheri Graham, Executive Director of the Wakefield Housing Commission (LHA), have reviewed the State of Michigan Housing and Community Development Consolidated Plan and hereby certify that the Annual and Five-Year plans, as approved for submission to HUD by the LHA Board, is consistent with the State of Michigan's Consolidated Plan as described in the attached Required Form for Certification with the State Consolidated Plan.

Signed/Dated Sheri Graham 3/29/2010

Attachment: Required Form for Certification of Consistency with the State Consolidated Plan

Attachment C

**Required Form for Certification of Consistency with the State Consolidated Plan
Local Housing Authorities**

LHA Name

a. Provide a description of the manner in which your LHA's annual and five year plan is consistent with the State of Michigan's Housing and Community Development Consolidated Plan (ConPlan). Note: See guidance on back page.

1. Improve and preserve the existing affordable housing stock and neighborhood. In the next five years we will be concentrating on energy efficiency items. This housing commission is a financially troubled agency. The Bessemer Housing Commission started managing this agency 1 year ago. We have made many improvements, but still need many more to preserve the life of this housing commission.

b. Does the LHA currently have plans stated in the annual or five-year plan to utilize funding sources covered by the State Consolidated Plan? Note: See guidance on back page.
 Yes No If yes, please list the programs and proposed use of the funding here:

HUD's formula Capital Fund Program

Guidance to Required Form

- a. The State ConPlan addresses housing and community development needs in the State of Michigan, including homeless individuals and persons with AIDS. The plan references strategies developed to address the following goals of the programs that it covers during the next five-year period. These include:
1. Expand the availability and supply of safe, decent, affordable, and accessible rental housing for low and extremely low-income individuals and families;
 2. Improve and preserve the existing affordable housing stock and neighborhoods;
 3. Increase homeownership opportunities for individuals and families by reducing the costs of homeownership;
 4. Make homeless assistance more effective and responsive to local need through local autonomy and movement toward a continuum of care;
 5. Develop linkages between housing and service sectors to provide greater housing opportunities for households with special needs; and
 6. Establish a suitable living environment and expand economic opportunities for low and moderate-income people through economic and infrastructure development.

In your description, please specify how the strategies identified in the LHA's annual and five year plans address one or more of these six goals.

- b. The State ConPlan covers the planning and funding application aspects of four U.S. Department of Housing and Urban Development's formula programs; the Community Development Block Grant (CDBG), the HOME Investment Partnership (HOME), the Emergency Shelter Grant (ESG), and the Housing Opportunities for Persons with AIDS (HOPWA) programs. There are five action plans within the ConPlan, which identify the eligible uses and applicants for these funds. Please identify which, if any, of these five funding sources the LHA intends to utilize and how the funds will be utilized.

MEMORANDUM

TO: Local Housing Authorities

FROM: Martha Baumgart, Consolidated Plan Coordinator

SUBJECT: Local Housing Authority Annual and Five Year Plan
Certification of Consistency with the State Consolidated Plan

As many of you are aware, the Michigan State Housing Development Authority (MSHDA) coordinates development of the State Consolidated Plan. In my role as Consolidated Plan Coordinator, I review and issue Certifications of Consistency with the State Consolidated Plan for local applications being submitted under 17 HUD programs which will be administered in non-entitled areas of the state (i.e., local units of government, including counties, that do not receive annual Community Development Block Grant entitlement funds). Until passage of the Quality Housing and Work Responsibility Act (QHWRA), local housing authorities (LHAs) generally were not required to obtain a Certification of Consistency with the State Consolidated Plan. Now, however, LHAs must obtain such certification as part of the annual and five-year plan required by QHWRA, from the appropriate State or local jurisdiction. See Attachment A for jurisdictions that are covered by local Consolidated Plans. The State Consolidated Plan covers all other areas.

In order to obtain a Certification of Consistency from MSHDA, we are asking that the PHA submit the following forms which are attached to this correspondence:

Attachment B: Request for Certification of Consistency. Attachment B must be completed and signed by the Executive Director.

Attachment C: Required Form for Certification of Consistency with the State Consolidated Plan. Completion of this form is necessary for a determination of consistency with the State Consolidated Plan.

These forms should be completed, signed by the Executive Director, and submitted to

Martha Baumgart
MSHDA
735 E. Michigan
P.O. Box 30044
Lansing, Michigan 48909

The forms may be faxed to the attention of Martha Baumgart at 517.373.7657 or e-mailed to baumgartm@michigan.gov; however, a hard copy must also be mailed if a signed PDF of Attachment B is not included in the e-mail. Please allow MSHDA five business days to provide the Certification of Consistency. Since many LHA plans are due on the same day, MSHDA expects to receive many requests for Certifications at once and cannot guarantee a quicker turnaround.

If you have any questions, please contact me at 517.373.6018 or e-mail at baumgartm@michigan.gov.

Enclosures

Attachment A

Local Consolidated Plan Jurisdictions – FY04/05

The State does not provide Certifications of Consistency for LHAs located in the following local jurisdictions. LHAs located in local jurisdictions require a local Consolidated Plan Certification of Consistency, which should be requested from the city, township, or county in which the LHA is located.

| | | |
|------------------|------------------|------------------|
| Ann Arbor | Holland | Redford |
| Battle Creek | Jackson | Roseville |
| Bay City | Kalamazoo | Royal Oak |
| Benton Harbor | Lansing | Saginaw |
| Canton Township | Lincoln Park | St. Clair Shores |
| Clinton Township | Livonia | Southfield |
| Dearborn | Midland | Sterling Heights |
| Dearborn Heights | Muskegon | Taylor |
| Detroit | Muskegon Heights | Warren |
| East Lansing | Norton Shores | Waterford Twp. |
| Farmington Hills | Pontiac | Westland |
| Flint | Portage | Wyoming |
| Grand Rapids | Port Huron | |

Urban counties including Genesee County (except Flushing), Kent County (except Cedar Springs), Macomb County, Oakland County, Wayne County and Washtenaw County.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

| | | |
|---|---|--|
| PIHA Name: WAKEFIELD HOUSING COMMISSION | Grant Type and Number Capital Fund Program Grant No: MI33P015501010 Replacement Housing Factor Grant No: Date of CFFP: | FY of Grant: 2010 FY of Grant Approval: |
|---|---|--|

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | Summary by Development Account | Original | Total Estimated Cost | | Obligated | Total Actual Cost ¹ | |
|------|---|--|------------|----------------------|---|-----------|--------------------------------|--|
| | | | | Revised ² | Final Performance and Evaluation Report | | Expended | |
| 1 | | Total non-CFFP Funds | | | | | | |
| | | 1406 Operations (may not exceed 20% of line 21) ³ | \$1,000.00 | | | | | |
| 3 | | 1408 Management Improvements | | | | | | |
| 4 | | 1410 Administration (may not exceed 10% of line 21) | | | | | | |
| 5 | | 1411 Audit | | | | | | |
| 6 | | 1415 Liquidated Damages | | | | | | |
| 7 | | 1430 Fees and Costs | \$2,000.00 | | | | | |
| 8 | | 1440 Site Acquisition | | | | | | |
| 9 | | 1450 Site Improvement | | | | | | |
| 10 | | 1460 Dwelling Structures | | | | | | |
| 11 | | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | |
| 12 | | 1470 Non-dwelling Structures | \$18,057 | | | | | |
| 13 | | 1475 Non-dwelling Equipment | \$10,000 | | | | | |
| 14 | | 1485 Demolition | | | | | | |
| 15 | | 1492 Moving to Work Demonstration | | | | | | |
| | | 1495.1 Relocation Costs | | | | | | |
| 17 | | 1499 Development Activities ⁴ | | | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PIHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | | | |
|--|--|--|---|---|---|
| Part I: Summary | | PIA Name: WAKEFIELD HOUSING COMMISSION Grant Type and Number: Capital Fund Program Grant No: M133P01550110 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2010 FFY of Grant Approval: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Original | Total Estimated Cost Revised ² | Obligated | Total Actual Cost ¹ Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PIA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | \$31,057 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director <i>[Signature]</i> | | Date | Signature of Public Housing Director | | Date |
| | | 2/23/2010 | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PIAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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 Name/Number Wakefield Housing Commission M1015 | | Locality (City/County & State) WAKEFIELD, GOGEBIC, MICHIGAN | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
|---|--|--|---------------------------------------|---------------------------------------|--|---------------------------------------|
| A. | Development Number and Name | Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY 2011 | Work Statement for Year 3 FFY 2012 | Work Statement for Year 4 FFY 2013 | Work Statement for Year 5 FFY 2014 |
| B. | Physical Improvements Subtotal | Annual Statement \$28,057 | \$28,057 | \$38,057 | \$28,057 | \$28,057 |
| C. | Management Improvements | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | | | | |
| F. | Other (fees) | | \$2,000.00 | \$2,000.00 | \$2,000.00 | \$2,000.00 |
| G. | Operations | | \$1,000.00 | \$1,000.00 | \$1,000.00 | \$1,000.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing - Debt Service | | | | | |
| K. | Total CFP Funds | | \$31,057 | \$31,057 | \$31,057 | \$31,057 |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | \$31,057 | \$31,057 | \$31,057 | \$31,057 |

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | | | |
|--|--|--|--|--|--|
| Part I: Summary | | | | | |
| PIA Name: WAKEFIELD HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No: M133P01550108 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2008 FFY of Grant Approval: | |

| Line | Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account | Reserve for Disasters/Emergencies <input type="checkbox"/> | Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | Total Actual Cost ¹ | |
|------|--|---|--|----------------------|--------------------------------|-------------|
| | | | Original | Revised ² | Obligated | Expended |
| | Total non-CFF Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | | |
| 3 | 1408 Management Improvements | | \$3,301.15 | \$2,723.85 | \$2,723.85 | \$2,723.85 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | \$5,500 | \$827.20 | \$827.20 | \$827.20 |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | | \$22,418.85 | \$27,668.95 | \$27,668.95 | \$27,668.95 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| | 1485 Demolition | | | | | |
| | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495.1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | |
|--|--|------------------------|--|
| Part I: Summary | | FFY of Grant: 2008 | |
| PHA Name: WAKEFIELD HOUSING COMMISSION | Grant Type and Number Capital Fund Program Grant No: M133P01550108 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |

| | | | |
|--|--|--|--------------------------------------|
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies | | Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Performance and Evaluation Report for Period Ending: | | | |
| Account | Summary by Development Account | Total Estimated Cost | Total Actual Cost ¹ |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | Original | Revised ² |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | Obligated |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | Expended |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | \$31,220 | \$31,220 |
| 21 | Amount of line 20 Related to LBP Activities | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director <i>Jim Jackson</i> | | Date 2/23/2010 | Signature of Public Housing Director |
| | | | Date |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part II: Supporting Pages | | Grant Type and Number | | Federal FFY of Grant: 2008 | | | | |
|--|--|--|----------|----------------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: WAKEFIELD HOUSING COMMISSION | | Capital Fund Program Grant No: M133P01550108 | | | | | | |
| | | CFPP (Yes/No): | | | | | | |
| | | Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA-Wide ivities | 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 | |
| MI015 | SHOWER AND ALL ITEMS LISTED REAC INSPECTION FOR THE LAST 3 YEARS (FIRE DOOR DOESN'T LATCH, SIDE WALKS TRIP HAZARD MOLD IN BATHROOM SHOWERS, BATHROOM DOORS DONT LATCH AND ANY OTHER ITEMS THAT WOULD BE LOOKED AT DURING A REAC INSPECTION | 1460 | 15 | \$22,418.85 | \$27,668.95 | \$27,668.95 | \$27,668.95 | completed |
| MI015 | FEES & COST | 1430 | 1 | \$5,500 | \$827.20 | \$827.20 | \$827.20 | completed |
| .015 | MANAGEMENT IMPROVEMENTS | 1408 | 1 | \$3,301.15 | \$2,723.85 | \$2,723.85 | \$2,723.85 | completed |

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.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHIA Name: WAKEFIELD
 HOUSING COMMISSION

Grant Type and Number
 Capital Fund Program Grant No: M133P01550109
 Replacement Housing Factor Grant No:
 Date of CFFP:

FFY of Grant: 2009
 FFY of Grant Approval:

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies

Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

| Line | Summary by Development Account | Original | Total Estimated Cost | | Obligated | Total Actual Cost ¹ | |
|------|--|------------|----------------------|---|-------------|--------------------------------|--|
| | | | Revised ² | Final Performance and Evaluation Report | | Expended | |
| 1 | Total non-CFP Funds | | | | | | |
| | 1406 Operations (may not exceed 20% of line 21) ³ | | | | | | |
| 3 | 1408 Management Improvements | \$1,000.00 | | | \$1,000.00 | \$1,000.00 | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | | | |
| 5 | 1411 Audit | | | | | | |
| 6 | 1415 Liquidated Damages | | | | | | |
| 7 | 1430 Fees and Costs | 2,000.00 | | | \$1,863.86 | \$1,863.86 | |
| 8 | 1440 Site Acquisition | | | | | | |
| 9 | 1450 Site Improvement | | | | | | |
| 10 | 1460 Dwelling Structures | 20,057.00 | | | \$15,140.11 | \$15,140.11 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | |
| 12 | 1470 Non-dwelling Structures | 8,000.00 | | | \$1,540.46 | \$1,540.46 | |
| 13 | 1475 Non-dwelling Equipment | | | | | | |
| 14 | 1485 Demolition | | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | | |
| | 1495.1 Relocation Costs | | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | |
|--|---|------------------------|--|
| Part I: Summary | | FFY of Grant: 2009 | |
| PHIA Name: WAKEFIELD HOUSING COMMISSION | Grant Type and Number Capital Fund Program Grant No: M13P01550109 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |

| | | | | | |
|---|---|--------------------------------------|-------------|--------------------------------|------|
| Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | Total Estimated Cost | | Total Actual Cost ¹ | |
| Summary by Development Account | Original | Revised ² | Obligated | Expended | Date |
| 18a 1501 Collateralization or Debt Service paid by the PHIA | | | | | |
| 18ba 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | |
| 19 1502 Contingency (may not exceed 8% of line 20) | | | | | |
| 20 Amount of Annual Grant: (sum of lines 2 - 19) | 31,057 | | \$19,544.43 | \$19,544.43 | |
| 21 Amount of line 20 Related to LBP Activities | | | | | |
| 22 Amount of line 20 Related to Section 504 Activities | | | | | |
| 23 Amount of line 20 Related to Security - Soft Costs | | | | | |
| 24 Amount of line 20 Related to Security - Hard Costs | | | | | |
| 25 Amount of line 20 Related to Energy Conservation Measures | | | | | |
| Signature of Executive Director <i>John Decker</i> | | Signature of Public Housing Director | | Date 2/23/2010 | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

| | | |
|--|--|--|
| PIA Name: WAKEFIELD HOUSING COMMISSION | Grant Type and Number Capital Fund Program Grant No: M133S01550109 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2009 FFY of Grant Approval: |
|--|--|--|

| Line | Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ |
|------|--|--|----------------------|----------------------|--------------------------------|
| | | | Original | Revised ² | |
| 1 | <input type="checkbox"/> Reserve for Disasters/Emergencies | Total non-CFP Funds | | | |
| | | 1406 Operations (may not exceed 20% of line 21) ³ | | | |
| 3 | | 1408 Management Improvements | | | |
| 4 | | 1410 Administration (may not exceed 10% of line 21) | | | |
| 5 | | 1411 Audit | | | |
| 6 | | 1415 Liquidated Damages | | | |
| 7 | | 1430 Fees and Costs | | | |
| 8 | | 1440 Site Acquisition | | | |
| 9 | | 1450 Site Improvement | | | |
| 10 | | 1460 Dwelling Structures | 39,518 | | 39,518 |
| 11 | | 1465.1 Dwelling Equipment—Nonependable | | | |
| 12 | | 1470 Non-dwelling Structures | | | |
| 13 | | 1475 Non-dwelling Equipment | | | |
| 14 | | 1485 Demolition | | | |
| 15 | | 1492 Moving to Work Demonstration | | | |
| 16 | | 1495.1 Relocation Costs | | | |
| 17 | | 1499 Development Activities ⁴ | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | |
|---|---|------------------------|--|
| Part I: Summary | | FFY of Grant: 2009 | |
| PHA Name: WAKEFIELD HOUSING COMMISSION | Grant Type and Number Capital Fund Program Grant No: M133S01550109 Replacement Housing Factor Grant No: Date of CFP: | FFY of Grant Approval: | |

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

| Line | Description | Total Estimated Cost | | Total Actual Cost ¹ | |
|---|--|-----------------------|--------------------------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 39,518 | | 39,518 | 39,518 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director <i>Jane Sherman</i> | | Date <i>2/23/2010</i> | Signature of Public Housing Director | | Date |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

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

I, Martha Baumgart the State of Michigan Consolidated Plan Coordinator certify that the Five Year
and Annual PHA Plan of the Wakefield Housing Commission is consistent with the Consolidated
Plan of the State of Michigan prepared pursuant to 24 CFR Part 91.

Martha Baumgart March 29, 2010

Signed/Dated by Appropriate State or Local Official

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

Wakefield Housing Commission

MI015

 PHA Name

 PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

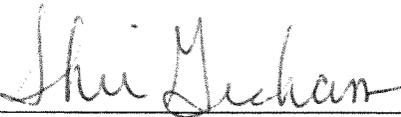
Name of Authorized Official

Sheri Graham

Title

Executive Director

Signature



Date

2/23/2010

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 7/1/09, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating 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, for 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, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards 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 affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; 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 site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age 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 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined 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 85.20 and facilitate 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 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (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 approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at 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 assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised 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.

Wakefield Housing Commission
PHA Name

M1015
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2009 - 2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

| | |
|--|------------------------------------|
| Name of Authorized Official <u>Sheri Graham</u> | Title <u>Executive Director</u> |
| Signature <u>Sheri Graham</u> | Date <u>2/23/10</u> |

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Wakefield Housing Commission

Program/Activity Receiving Federal Grant Funding

Operating Subsidy/CFP

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) regarding 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. Establishing an on-going 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 employee 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 five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency 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 30 calendar days of receiving notice under subparagraph 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. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance 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 here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Sheri Graham

Title

Executive Director

Signature

X *Sheri Graham*

Date

2/23/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Wakefield Housing Commission

Program/Activity Receiving Federal Grant Funding

Capital Funds/Operating Subsidy/Public Housing

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-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, 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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Sheri Graham

Title

Executive Director

Signature



Date (mm/dd/yyyy)

02/23/2010

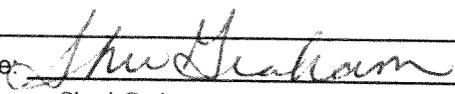
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | |
|--|--|--|
| 1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input 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: <i>Wakefield Housing Commission</i> <i>200 Pierce Street</i> <i>Wakefield, MA 014968</i> Congressional District, if known: 4c | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: n/a Congressional District, if known: | |
| 6. Federal Department/Agency: U.S. Dept. of HUD | 7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: MI33P015501-10 | 9. Award Amount, if known: \$ unknown | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> n/a | b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature:  Print Name: <u>Sheri Graham</u> Title: <u>Executive Director</u> Telephone No.: <u>(906) 229-5204</u> Date: <u>02/23/2010</u> | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.