

2010 PHA PLAN

PHA Annual Plan for Fiscal Year 2010 - 2011

MT. CLEMENS HOUSING COMMISSION

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| 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: <u>Mount Clemens Housing Commission</u> PHA Code: MI-028 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): 07 / 2010 | | | | | | | | | | | | |
|------------|---|----------|--------------------------------------|-------------------------------|--|----|-----|--------|--|--------|--|--------|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 288 Units (2 units decommissioned) Number of HCV units: _____ | | | | | | | | | | | | |
| 3.0 | Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | |
| 4.0 | PHA Consortia <u>N/A</u> <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 <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </table> | PH | HCV | PHA 1: | | PHA 2: | | PHA 3: | |
| 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. MCHC has elected to update 5.2. | | | | | | | | | | | | |
| 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: As previously stated in the 2009 Annual & 5 Year Plan: The mission of the Mt. Clemens Housing Commission is to be the leader in making excellent affordable housing available for low and moderate-income persons through effective management and wise stewardship of public funds. We will also partner with our residents and others to enhance the quality of life in our communities. | | | | | | | | | | | | |
| 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. As previously stated in the 2009 Annual & 5 Year Plan: 5.2.1 HUD Strategic Goal: Increase the availability of decent, safe and affordable public housing: <ul style="list-style-type: none"> Expand the supply of housing by reducing vacancies Increase tenant satisfaction Improve the quality of housing by renovating and/or modernizing sites and units Increase housing choices by implementing site-based waiting lists 5.2.2 HUD Strategic Goal: Improve community quality of life and economic vitality. <ul style="list-style-type: none"> Provide an improved living environment by implementing measures to de-concentrate poverty by bringing higher income households into lower income developments. Designate developments or buildings for particular resident groups (elderly, persons with disabilities) 5.2.3 HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals: <ul style="list-style-type: none"> Promote self-sufficiency of assisted households by increasing the number and percentage of employed persons in our public housing communities. 5.2.4 HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans: <ul style="list-style-type: none"> Ensure equal opportunity and fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability 5.2.5 Other PHA Goals and Objectives: (list below) <ul style="list-style-type: none"> Monitor crime at Housing Commission properties Improve security as needed Establish preventive maintenance programs Monitor resident's comments and complaints for emerging customer trends Implement improvements in systems and practices as needed Establish a senior/elderly only building Adhere to Violence Against Women Act of 2005 and to assist resident and applicant victims who have experienced domestic violence, dating violence, sexual assault and stalking. NOTE SEE ATTACHMENT "D" | | | | | | | | | | | | |

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| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 8.0 Capital Improvements. 8.1 Capital Fund Program Annual Statement / Performance and Evaluation Report</p> <p>(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. MCHC – Administration Office, 50 Church St., Mt. Clemens, MI 48043</p> |
| 7.0 | <p>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> N/A</p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> |
| 8.1 | <p>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.</p> <p style="text-align: center;">See attachment, form HUD-50075.1</p> |
| 8.2 | <p>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.</p> <p style="text-align: center;">Not Included or Attached – See 2009 PHA Plan for same</p> |
| 8.3 | <p>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</p> |
| 9.0 | <p>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.</p> <p style="text-align: center;">See Attachment “A” – Statement of Housing Needs</p> |
| 9.1 | <p>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.</p> <p style="text-align: center;">See Attachment “A” – Statement of Housing Needs</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p style="text-align: center;">See Attachment “B” – Progress in Meeting the Mission and Goals</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="text-align: center;">See Attachment “C” – Deviations From and Modifications To the Agency Plan</p> |

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| <p>11.0</p> | <p>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.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) forms HUD-50077, HUD- 50077-CR and HUD-50077-SL are included in Attachment “E.” (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) See Attachment “E” (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) See Attachment “E” (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) See Attachment “E” (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) non-applicable (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. See Attachment “F” (g) Challenged Elements – No elements of the Plan were challenged. (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) See Attachment to this submittal. (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) N/A |
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| Part I: Summary | | |
| PHA Name: Mount Clemens Housing Commission (MI-028) | Grant Type and Number Capital Fund Program Grant No: MI28P028501-10 Replacement Housing Factor Grant No: Date of CFFP: 07/15/2010 | FFY of Grant: 2010 - 2011 FFY of Grant Approval: 2010 |

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

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$ 30,000 | | | |
| 3 | 1408 Management Improvements | \$ 22,000 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$ 45,000 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$ 30,000 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$ 19,000 | | | |
| 10 | 1460 Dwelling Structures | \$ 304,427 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 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

| | | |
|---|--|---|
| PHA Name: Mount Clemens Housing Commission (MI- 028) | Grant Type and Number Capital Fund Program Grant No: MI28P028501-10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant:2010 - 2011 FFY of Grant Approval: 2010 |
|---|--|---|

Type of Grant

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: One)

Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

| Line | Summary by Development Account | 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) | \$ 450,427 | | | |
| 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 | | | | |

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|--|------------------------|---|-------------|
| Signature of Executive Director Earl C. Rickman  | Date 08/10/2010 | 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 CFP Grants for operations.
⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|--|----------------------|----------------------|--|--------------------------------|----------------|
| PHA Name: Mount Clemens Housing Commission (MI-028) | | | Grant Type and Number Capital Fund Program Grant No: MI28P028501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 - 2011 | | |
| Development Number Name/PHA-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 | |
| PHA Wide | Operations | 1406 | | \$ 30,000 | | | | |
| PHA Wide | Management Improvements | 1408 | | | | | | |
| | Management and Staff Training | | | \$ 7,500 | | | | |
| | Maintenance Personnel Training | | | \$ 1,500 | | | | |
| | Office Equipment | | | \$ 5,000 | | | | |
| | Computers – Hardware & Software | | | \$ 2,000 | | | | |
| | Commission Transition Management | | | \$ 6,000 | | | | |
| PHA Wide | Administration | 1410 | | | | | | |
| | Modernization Coordinator | | | \$ 45,000 | | | | |
| PHA Wide | Fees & Costs | 1430 | | | | | | |
| | A / E Fees | | | \$ 24,000 | | | | |
| | Accounting Fees | | | \$ 6,000 | | | | |
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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: Mount Clemens Housing Commission (MI-028) | | | Grant Type and Number Capital Fund Program Grant No: MI28P028501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 - 2011 | | |
| Development Number Name/PHA-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 | |
| MI-028-1 | Clemens Homes (Town Style Homes) | | | | | | | |
| | Site Improvements | 1450 | | | | | | |
| | - Leveling & Grinding Sidewalks | | 1 Allow. | \$ 5,000 | | | | |
| | - Drainage & Playscape Area Upgrades | | 1 Allow | \$ 5,000 | | | | |
| | Dwelling Structures | 1460 | | | | | | |
| | - Exterior / Energy Upgrades | | 98 Units | \$ 98,000 | | | | |
| | - Interior Upgrades (Selected Units) | | 1 Allow. | \$ 10,000 | | | | |
| | - Mech / Plumb / Elect Upgrades | | 1 Allow. | \$ 12,000 | | | | |
| MI-028-2 | Clemens Homes (Scattered Sites) | | | | | | | |
| | Site Improvements | 1450 | | | | | | |
| | - Grinding / Leveling Sidewalks | | 1 Allow. | \$ 1,000 | | | | |
| | Dwelling Structures | 1460 | | | | | | |
| | - Exterior / Energy Upgrades | | 25 Bldgs. | \$ 50,000 | | | | |
| | - Mech / Plumb / Elect Upgrades | | 1 Allow | \$ 10,000 | | | | |

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: Mount Clemens Housing Commission (MI-028) | | | Grant Type and Number Capital Fund Program Grant No: MI28P028501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 - 2011 | | |
| Development Number Name/PHA-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 | |
| MI-028-3 | Clemens Towers | | | | | | | |
| | Site Improvements | 1450 | | | | | | |
| | - Parking Lot Repairs | | 1 Allow. | \$ 7,000 | | | | |
| | Dwelling Structures | 1460 | | | | | | |
| | - Unit Interior Upgrades (Selected Units) | | 18 Units | \$ 13,500 | | | | |
| | - Mech / Plumb / Elec Upgrades | | 1 Allow. | \$ 8,500 | | | | |
| MI-028-4 | Clemens Manors | | | | | | | |
| | Site Improvements | 1450 | | | | | | |
| | - Grinding / Leveling Sidewalks | | 1 Allow. | \$ 1,000 | | | | |
| | Dwelling Structures | 1460 | | | | | | |
| | - Exterior / Energy Upgrades | | 3 Bldgs. | \$ 77,427 | | | | |
| | - Door Entry Call System Upgrades | | 3 Bldgs. | \$ 15,000 | | | | |
| | - Interior Upgrades (Selected Units) | | 1 Allow. | \$ 10,000 | | | | |

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.

Attachment “A”
Statement of Housing Needs

[24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | |
|---|---------|----------------|--------|---------|----------------|------|----------|
| Family Type | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Location |
| Income <= 30% of AMI | 9,928 | 5 | 2 | 3 | NA | 2 | 1 |
| Income >30% but <=50% of AMI | 7,674 | 4 | 2 | 2 | NA | 2 | 1 |
| Income >50% but <80% of AMI | 11,655 | 3 | 2 | 2 | NA | 2 | 1 |
| Elderly | 8,733 | 3 | 2 | 2 | 3 | 2 | 1 |
| Families with Disabilities | 6,441 | 3 | 2 | 2 | 3 | 2 | 1 |
| Race/Ethnicity | NA | | | | | | |
| Race/Ethnicity | NA | | | | | | |
| Race/Ethnicity | NA | | | | | | |
| Race/Ethnicity | NA | | | | | | |

What sources of information did the PHA use to conduct this analysis?

Macomb County’s 2010 – 2011 Consolidated Annual Plan – Housing Needs Table

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

| Housing Needs of Families on the Waiting List | | | |
|--|-------------------|---------------------|-----------------|
| Waiting list type: (select one) | | | |
| <input type="checkbox"/> Section 8 tenant-based assistance | | | |
| <input checked="" type="checkbox"/> Public Housing | | | |
| <input type="checkbox"/> Combined Section 8 and Public Housing | | | |
| <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | | |
| If used, identify which development/sub-jurisdiction: | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 267 | | 82 |
| Extremely low income <=30% AMI | 171 | 64% | |
| Very low income (>30% but <=50% AMI) | 72 | 27% | |
| Low income (>50% but <80% AMI) | 24 | 9% | |
| Families with children | 169 | 63% | |
| Elderly families | 57 | 21% | |
| Families with Disabilities | Not Available -NA | | |
| Race / Ethnicity | | | |
| Black / Non-Hispanic | 196 | 73% | |
| White / Non-Hispanic | 70 | 26% | |
| Asian / Non-Hispanic | 1 | < 0.5% | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR (including Efficiency) | 104 | 39% | |
| 2 BR | 82 | 31% | |
| 3 BR | 46 | 17% | |
| 4 BR | 25 | 9% | |
| 5 BR | 10 | 4% | |
| 5+ BR | 0 | | |
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| If yes: | | | |
| How long has it been closed (# of months)? 2 months | | | |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

C. Strategy for Addressing Needs

(1) Strategies / Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by (select all that apply):

- Employ effective maintenance and management policies to minimize the number of public housing units off-line**
- Reduce turnover time for vacated public housing units**
- Reduce time to renovate public housing units**
- Seek replacement of public housing units lost to the inventory through mixed finance development**
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources**
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction**
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required**
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by (select all that apply):

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: **See 5.2 - Goals and Objectives of form HUD-50075**

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI (select all that apply):

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships**

- Adopt rent policies to support and encourage work**
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI (select all that apply):

- Employ admissions preferences aimed at families who are working**
- Adopt rent policies to support and encourage work**
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly (select all that apply):

- Seek designation of public housing for the elderly**
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities (select all that apply):

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities**
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs (select if applicable):

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs**
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing (select all that apply):

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints**
- Staffing constraints**
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA**
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government**
- Results of consultation with residents and the Resident Advisory Board**
- Results of consultation with advocacy groups**
- Other: (list below)

Attachment “B”
Progress in Meeting the Mission and Goals

- 1. The Mount Clemens Housing Commission continues to strive to provide safe, decent, affordable, marketable housing for persons with low to moderate income.**
- 2. The properties of the Commission ranges in age, our oldest properties began in construction in 1959, completed in 1962. Our youngest building was constructed in 1975 and commissioned in 1977.**
- 3. In order to continue providing quality housing for our residents, our 51 and 33 years old properties require many capital improvements.**
- 4. The PHA Annual and/or 5-Year Plan(s) are the Commission’s best attempt at keeping the properties in the best livable condition and making upgrades that meet code requirements.**
- 5. The Commission continues to utilize the capital funds as the major component in keeping the properties in good condition for our residents.**
- 6. The ages of our buildings creates unforeseen challenges that are sometimes not a part of the agency plan, although we attempt to determine what needs to be addressed, and when.**
- 7. We have been able to progress forward using our 5-Year Plan as the blueprint.**
- 8. We have more needs in terms of capital improvements than we have funds necessary to complete the needed work on the properties. Our funding is constantly being reduced in a time when more funds are needed to complete necessary projects without interruptions.**
- 9. We attempt to balance our projects in a manner that allows us to provide some improvements to all our properties on an annual basis. If we had more funding we would be able to complete more projects totally instead of phasing in projects over time.**
- 10. Even with the challenges of shrinking capital funds, higher material and labor costs, the Commission continues to move forward in an aggressive and planned manner, providing the much needed capital improvements to our properties.**
- 11. The Commission continues to meet the goals and is on schedule with the planned work listed in our previously submitted Annual and/or 5-Year Plans.**

Attachment “C”

Deviations From and Modifications to the Agency Plan

The Agency Plan is a living document, which shall serve to guide Mount Clemens Housing Commission operations and resource management. In the event that circumstances or priorities necessitate actions, which would represent a substantial departure from the goals, objectives, timetables or policies as set forth in the plan, the Mount Clemens Housing Commission will invite resident review and input prior to taking actions that would implement such substantial changes. Developments of subsequent Annual Plans shall be a vehicle through which updates and minor or routine modifications to the Agency plan are made. On an annual basis MCHC will review its progress toward the achievement of its goals and objectives and the existing policies and procedures, adequately address the needs of its constituents, stakeholders, and the agency. To the extent that those needs are not met by the elements at the existing Agency Plan the subsequent Annual Plan shall be written to reflect changes to goals, objectives, policies and procedures to address those needs.

In the event that the elements of the subsequent Annual Plan represent a significant departure from those of the existing Agency Plan, a significant amendment or modification to the Agency Plan will be undertaken. Under these circumstances, a full and participatory planning process will be used to obtain resident and stakeholder input. A draft of the substantially modified Agency Plan will be subject to the public review, comment and hearing process.

The MCHC will honor the current HUD definition of Substantial Deviation and Significant Amendment.

- Changes to rent or admission policies or organization of the waiting list;
- Addition of non-emergency work items (items not included in the current Annual Statement and/or 5 Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

ATTACHMENT “D”

2010 PHA PLAN
VIOLENCE AGAINST WOMEN ACT

FOR

MOUNT CLEMENS HOUSING
COMMISSION

ATTACHMENT “D”

VIOLENCE AGAINST WOMEN ACT OF 2005

The Mt. Clemens Housing Commission (MCHC) policies and procedures have been revised to incorporate and support the laws and requirements outlined in the Violence Against Women Act of 2005 (VAWA). MCHC will continue to develop/revise and update policies and procedures as needed to implement the requirements of VAWA and to collaborate with other agencies to prevent and respond to domestic violence, dating violence, sexual assault or stalking, as those criminal activities may affect applicants for and participants in the housing program.

MCHC will continue to administer its housing programs in ways that support program participants and applicants who may be victims of domestic violence, dating violence, sexual assault or stalking and will not take any adverse action against a resident/participant or applicant solely on the basis of her or him being a victim of such criminal activity, including threats of such activity. “Adverse action” in this context includes denial or termination of housing assistance.

Goals and Objectives - Under the Amendments to the U.S. Housing Act of 1937, the MCHC goals and objectives are consistent and aligned with the goals of HUD, which is to provide decent and affordable housing and to address the needs of child and adult victims of domestic violence, dating violence, sexual assault, and stalking.

Policy – Every applicant and tenant receives a copy of the “Violence Against Women Act” (tri-fold attached). At each move-in and at every lease renewal, leases include the “LEASE ADDENDUM”, form HUD-91067 and acknowledgement of this policy is documented via a certification form signed by the tenant (see attachments).

Programs and Activities – MCHC supports the rights of victims and will refer them to the Macomb County Sherriff and Turning Point, Inc., a local shelter with 41 beds for women and children.

CONFIDENTIALITY

Any information provided pursuant to the Violence Against Women Act (VAWA) shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

STATE AND LOCAL LAWS

Some states have passed laws impacting applicants, tenants, owners and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

VIOLENCE **A**AGAINST **W**OMEN **A**CT

What Applicants, Tenants, Owners and Landlords Need to Know

Applicable to Public Housing and
Section 8 Housing Choice Voucher
Programs

Effective January 5, 2006

This brochure meets notification requirements of the
federal Violence Against Women Act.

**VAWA PROTECTION FOR PUBLIC
HOUSING AND SECTION 8
HOUSING CHOICE VOUCHER
ASSISTANCE APPLICANTS**

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

**VAWA PROTECTION FOR PUBLIC
HOUSING TENANTS AND HOUSING
CHOICE VOUCHER PROGRAM
PARTICIPANTS**

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, an owner or landlord may deny, remove, or terminate assistance to an individual perpetrator of such

actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.

MOUNT CLEMENS HOUSING COMMISSION. ■ ■ ■ ■ ■

50 CHURCH STREET • MOUNT CLEMENS, MI 48043 • Telephone (586) 468-1434

I certify that I have received the following documentation:

- Enterprise Income Verification (EIV) form.
- Violence against Women Act (VAWA).
- Things You Should Know document.

Print Name: _____

Signature: _____ Date: _____

Address: _____

PHA Signature: _____



SERVICES TO END DOMESTIC & SEXUAL VIOLENCE

FOR VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND HOMELESSNESS

[Donate](#)

[Escape](#)

- Home
- About Turning Point
- Support Us
- DONATE NOW**
- Take Action
- Join Us
- Events
- Programs
- Resources
- News
- Second Hand Rose
- Documents & Reports
- Contact Us

Getting Help

Domestic violence and sexual assault rob an individual of their sense of safety, power, and dignity. Domestic and sexual violence are acts of power and control and are not caused by the victim/survivor. Turning Point provides emergency and support services to meet both the immediate and long term needs of survivors of domestic and sexual violence. We strive to provide a safe non judgmental place for survivors to explore their feelings and options and regain control of their lives. We recognize the enormous strengths survivors possess and value your experiences and input into our service delivery. Our services are free of charge and confidential. You are not alone ... Turning Point is here to help.



- [Danger Assessment](#)
- [Safety Planning](#)
- [Power and Control Wheel](#)

Turning Point provides the following services:

- [24 Hour Crisis Line](#)
- [Support Services](#)
- [Forensic Nurse Examiner](#)
- [Community Education & Prevention](#)
- [Child Youth and Family](#)
- [Residential Shelter](#)
- [PPO Assistance](#)
- [Prevention](#)
- [Victim's Compensation](#)

24 Hour Crisis Line
(586) 463 - 6990

Sign up for our Newsletter

Email Address

Regain Control Of Your Life



- G:\MCHC 2010 PHA P...
- Attachment D Cover ...
- Attachment D VAWA ...
- Turning Point - Progr...

ATTACHMENT "E"

2010 PHA PLAN CERTIFICATIONS

FOR

MOUNT CLEMENS HOUSING
COMMISSION

**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 X Annual PHA Plan for the PHA fiscal year beginning July '10, 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.

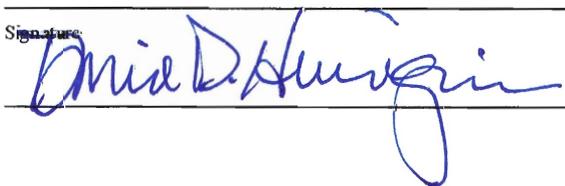
Mt. Clemens Housing Commission
PHA Name

MI-028
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20__ - 20__

X Annual PHA Plan for Fiscal Years 2010 - 2011

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 David Herrington | Title Board Chairman |
| Signature  | Date July 30, 2010 |

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**

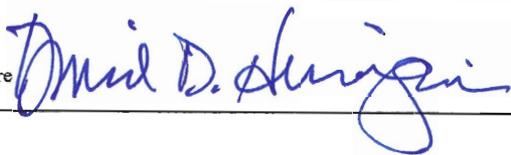
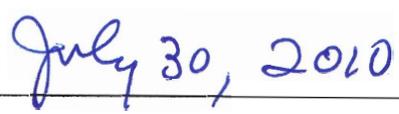
Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification 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.

Mt. Clemens Housing Commission
 PHA Name

MI-028
 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 | | Title | |
| David Herrington | | Board Chairman | |
| Signature  | | Date  | |

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, Paul Geileghem the Chairperson, Macomb County Board certify
that the Five Year and Annual PHA Plan of the Mt. Clemens Housing Commission is
consistent with the Consolidated Plan of Macomb County prepared
pursuant to 24 CFR Part 91.

 10/6-8/09

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Mount Clemens Housing Commission (MI028)

Program/Activity Receiving Federal Grant Funding

HUD - 2010 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) 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

Earl C. Rickman

Title

Executive Director

Signature

X 

Date

July 30, 2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Mount Clemens Housing Commission (MI028)

Program/Activity Receiving Federal Grant Funding

HUD - 2010 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-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

Earl C. Rickman

Title

Executive Director

Signature

Date (mm/dd/yyyy)

07/30/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

(See reverse for public burden disclosure.)

| | | |
|--|---|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" 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 checked="" type="checkbox"/> b. initial award 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: Mount Clemens Housing Commission 50 Church Street Mount Clemens, Michigan 48043 Congressional District, if known: | 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 Housing and Urban Development | 7. Federal Program Name/Description: HUD Capital Fund 2010 CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ 450,427.00 | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> | 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: <u>Earl C. Rickman</u> Print Name: <u>Earl C. Rickman</u> Title: <u>Executive Director</u> Telephone No.: <u>(586) 468-1434</u> Date: <u>07/30/2010</u> | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

Attachment “F”
Resident Advisory Board

The members of the Mount Clemens Housing Commission – Resident Advisory Board (RAB) met on Tuesday, May 18, 2010, at 2:00 PM in the Administration Office Conference Room, located at 50 Church Street, Mt. Clemens, Michigan.

The RAB members were given copies of the preliminary program, which they reviewed. The members were given the opportunity to ask questions and were requested to add additional information and requests regarding the plan.

Only, one suggestion regarding the entrance to the senior high rise (more commonly known as Clemens Towers) was noted. The Board requested to have automatic doors at the main entrance for those who are using walkers, scooters, or wheel chairs.

The response – due to the location of the entrance and the building being directly across the street from the Salvation Army Services, MCHC administration did not feel comfortable with moving in the direction of automatic doors. The reasoning is primarily due to the length of time the doors remain open. It is believed that persons not belonging in the building would gain easier access due to the doors remaining open. Administration did inform the Board that MCHC is planning to change the current design of the entrance and would take this into consideration when planning starts.

There were no other comments or suggestions regarding the proposed 2010 PHA Plan, and no items were challenged.

Board members present: Joyce Johnson
Sachel Shields
Odeva Walker
Florice Vinson